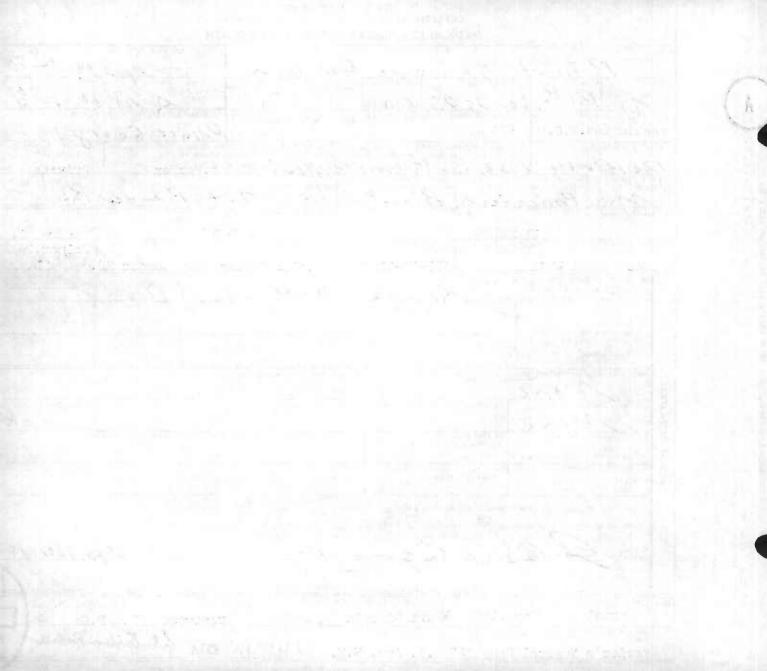
5+1		OR			DEPARTMEN	T OF HEALT	MARYLAND H AND MENTAL	HYGIÊNE 4	1	-	5 7.	6
5+1	- :	STATE REGISTRAR		M			CERTIFICATE			Ю.		
-	1. DEC	EASED NAME	FIRST		MIDDLE		LAST	2a. D	ATE KNOWN	НТИОМ	DAY YEAR	2b. HOU
9 M 10 E	(145)	OR PRINT)	NICHO	IAS		LA	SHICK		OF ESTI-	3	13 19 84	
	3. SEX		4. RACE	5. DATE OF BIRT	H YEAR LAS	E (IN YEARS IF U	NDER TYR. IF UND		DATE NOUNCED	MONTH	DAY YEAR	10:
202	Má	le	Caucasia	n Feb. 1		6 YRS.	DATS HOURS		DEAD	4	13 19 84	p A
100	7a BII	RTHPLACE (5)	TATE OR	16. CITIZEN OF	WHAT COUNTRY?	B. MARE	RIED NEVER MAI	RRIED 19 BA	ALTIMORE CITY	OR COUN	TY OF DEATH	
10		Penna.		U.S.A			WED DIVO		rince Ge	orge	3	M
1	III. CI	Y OR TOWN	OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING	DDRESS)		FOR MOST	OCCUPATION (TY	PE OF WORK	OR INDUST	USINESS TRY
<u>_</u>		anham		Doctors	' Hospit	al of P.	G. County	Contra	ct Analy	rst	Dept. of	Army
L	I 3a Si		(IF IN NURSING HOME O		GIVE RESIDENCE BEFORE	OWN	13d. INSIDE CITY LIMITS					
1	M		P.G.		New Car	crollton			6th Ave.	Zip	(20784)	
4	14. FA	THER'S NAME		MIDDLE	LAST		IS MOTHER'S MA	DEN NAME	WIDDLE		LAST	
14		AC DECE ASE	D EVER IN U.S. AR	na)	Lashick	ECHIPITY NO	Eva 17. INFORMANT		(na)		Wasko	
/	{YI	S, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)							ill Ct.	
		Yes	WW 2		204-12-		Stephen	Lasnick	Waldori	Md.	APPROXIMA	TE INTERVAL
H		PART I DE	ATH WAS CAUSE	D BY:	ine far (a), (b), and Ethylism	(c).}					BETWEEN ONS	ET AND DEATH
SA HOLIONG LONG PERMI VAL		303 MMEDIATE CAUSE (a) LOTING TO THE CAUSE (b) LOTING TO THE CAUSE (c) LOTING										
REMON		Canditians, if any, which										
88			se ta immediate stating the under-		DR AS A CONSEQU	IENCE OF						-
		lying cau		DOL 10,	DR AS A CONSEQU	DENCE OF						
	1	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	IN BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a)				
	Z							100				
	TY.	190 DATE OF	OPERATION	19b CON	DITION FOR WHIC	H OPERATION V	VAS PERFORMED?				20. AUTOPSY	Y?
F	Ħ										YES 🗆	NO D
5	CERTIFICATION	7.1	AL CAUSE WAS		OF INJURY		IOW INJURY OCCUR	RED LENTER NATUR	E OF INJURY IN ITEM I	8 PART 1 OR PA	ART 2)	
)		UNDERLYING CONTRIBUTI	OR NG CAUSE OF		.M. MONTH DAT	19						
	MEDICAL	21d, INJURY C	OCCURRED		E OF INJURY (AT	HOME, 21f. LC	CATION STREET	cit	ORTOWN	cc	DUNTY	STATE
	2	WHILE AT WORK	NOT WHILE [
		22a 1 certi	fy that I taak chard	ge of the remains o	described abave, he	ld an Auta	psy , Inspec	tion 🗽 In	quiry X, a	and in my a	pinian	
		death result		ral causes	Accident .				ned manner			
			1	. (0)	0		TITLE (SPECIFY)					
		ACTUAL SIGNATURE	Mugus	201.7	icust	19/	Deputy	MEDICAL	EXAMINER	DATE	4/14/	1984
1	1		61		()	1						
1		TYPE OR PRI	NT) ugus	to P. Ro	driguez,	M.D.	ADDRESS 5009			mple	Hills, I	Md.
7		JRIAL, CREMA	TION, REMOVAL				OR CREMATORY	23d LOCAT	ION	COU	JNTY	STATE
	B	urial		18April	34 Our L	ady of S	Sorrows		Hill L	ackaw	anna Per	nna.
		NERAL DIREC		ADDR	ESS	Lan	APR'2	7 CON 4	de de de	Markou	URE	
	He	le's L	anham F.	H.9013 A	napolis	Rd. Md		0				

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1-	FOR - STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGIENE ER'S CERTIFICATE OF DEAT		
3. SI	ECEASED NAME FIRST YPE OR PRINT) Rober	MIOOLE THE COLOR DATE OF BIRTH DAY YEAR LAST BIRTHDAY DOV. 25 DATE OF WHAT COUNTRY?	S IF UNDER 1 YR. IF UNDER 24 HRS. 24. MONTHS OAYS HOURS MIN. PR	DATE KNOWN DOMONTH DAY YEAR 25. HOLD OF ESTI- DEATH MATED DATE MONTH DAY YEAR 26. HOLD DEAD DEAD DEAD DEAD DEAD DEAD DEAD DE	R N R N
N N	ashington, D.C.	7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	MARRIED WEVER MARRIED WIDOWED DIVORCED DIVORCED OR OTHER INSTITUTION 1126, USUAL	Pryce Ge orges L OCCUPATION (TYPE OF WORK 126 WIND OF BUSINESS OR INDUSTRY	ND.
AND SHOULD BE 130.	STATE 136 COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	13d. INSIDE CITY LIMITS? 13e. STREETYES NO 1775	TADDRESS Ender RL 3	_
PAGES 1, 2 FORM PM 3 FOR JAND 2 ON OF VITA	FATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMI (YES, NO, OR UNKNOWN) (IF YES, GIVE W	MIDDLE LAST NKNOWN ED FORCES? AR OR DATES) 16b. SOCIAL SECURITY	15. MOTHER'S MAIDEN NAME FREST UNKNOWNO. 17. INFORMANT	WN ADDRESS Palmer, PAR	-K
NG" IN PENCIL IN ITEM I CAL EXAMINER ALONG BURIAL TRANSIT PERM FAND MENTAL HYGENE MATION, OR REMOVAL.	Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost. PART 2 DTHER SIGNIFICANI CONDITIONS CO.	/4/ = \/ -	Myocard	7740 Bender Rd. MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	<u>H</u>
THE CHIE LD BE US MENT OF TO BURIL			21c HOW INJURY OCCURRED LENIER NAT	20 AUTOPSY? YES NO PART 2)	0
TO FUNERAL DIRECTOR: PAGE 3 SHOU AFTER DEATH, WITH THE STATE DEPART BALTIMORE, MARYLAND, 21201 PRIOR SEL	AT WORK AT WORK 228. I certify that I took charge	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) of the remains described obove, held an I couses Accident , Suice	Autopsy , Inspection , , , ide , Undetern	Inquiry , and in my opinion mined manner , AL EXAMINER DAY 38/989	
P	BURIAL, CREMATION, REMOVAL 231 (SPECIFY BURIAL MA	ay4,1984 Fort Linc	ETERY OR CREMATORY 23d. LOCA	entwood, MD. P.G	=



		FOR			DEPARTA	STAT		ARYLAN AND ME		YGENE	6	1 1	5	/ 8
6		STATE REGISTRAR		ME	DICALE	XAMINE	R'S C	ERTIFIC	CATEO	F DEA	TH ,	REG. NO.		
A XV X P		CEASED NAME	alda	Fra	MIDDLE M CES	1	AL	15 01	y	2	OF ES DEATH MA	WN MO	1-24	YEAR 26. HOUR
PDISTORES OF STREET	J. SE	male W	hite	DATE OF BIRTH	16AR	6. AGE (IN YEAR LAST BIRTHDAY	MONTH	DER 1 YR.	IF UNDER HOURS		RONOUNCED DEAD	4-	27	1984 1993 M
NECESSAR FUNERAL D 5 FOR YO 5, WITHIN Y WESTON	FC	RTHPLACE ISTATE OR REIGN COUNTRY) /irginia		76. CITIZEN OF WE	HAT COUN			RRIED NEVER MARRIED Prince Georges						
LAY IS O THE PAGE F PIGE	10 %	us fund	/	11. NAME OF HOS	PITAL, NUR DITY, GIVE ST LULL	SING HOME,	OR OTHE			12a. USU	AL OCCUPATION OST OF WORKING INTER	ON (TYPE OF WO	ORK 12h KI	ND OF BUSINESS R INDUSTRY Oples Dru
21201 AND 3 TRETAIN RECORD B	130 S Ma	AL RESIDENCE (IF IN M.	MILL COUNTY	Geo	Sui	or I own tland	4)	13d. INSIDE (II Yes 🗌	TY LIMETS?	13e STRE 271	et address 7 Lew:	is AV	e	20746
E. MD.	14. E	John		MIDDLE	Lam	AST			R'S MAIDE RST rah	N NAME	Mark	arat	Mı	LAST
HOURS AFTER DEATH. IF HOURS AFTER DEATH. IF M 18. GIVE PAGES 1, 2, VG WITH FORM PM 3. PAMIT. PAGES 1 AND 2 SP THE. DIVISION OF WARM. IT.		WAS DECEASED EVER ES, NO, OR UNKNOWN)		ED FORCES?	16b SOC	-22-1		17 INFORM	TANT	Laws	Marga on	DDREAS 40	5 Rea	inger amy Dr.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF AKEDICAL EXAMINER ALONG WETS SHOULD BE USED AS A BURIAL - REANSIT PERMIT. ELECTRICATION OF REMOVAL.	TION	Conditions, if gove rise to couse (o) stating lying cause lost PART 2 DTHER SIGNIFICAN DUE TUS ST. 19a DATE OF OPER.	immediate g the <u>under</u>	(b) DUE TO, OR	AS A CON	SEQUENCE OF	H YUSEASE	y.		RT 1 (a)			20	AUTOPSY?
DIVISION OF VITAL RI HIS CERTIFICATE SHOULD WRITING THE WORD "PR ARDED TO THE CHIEF A ARCE SHOULD BE USED ARCE SHOULD BE USED ARCE SHOULD BE USED ARCE SHOULD BE USED ARCE SHOULD BE USED	MEDICAL CERTIFICATION	210 EXTERNAL CAU UNDERLYING CONTRIBUTING 210. INJURY OCCUR WHILE NOT	OR CAUSE OF DE	21e PLACE (. MONTH	19 (AT HOME,	211. LOC	OW INJURY	OCCURRE	D (ENTERN.	ATURE OF INJURY IN	N ITEM 18 PART I		YES NO STATE
MEDICAL EXAMINER: THIS UNE THE CERTIFICATE. W F A SHOULD BE FORWA "UNERAL DIRECTOR: PAC IR DEATH WITH THE STATI TROOSE, MARYLAND, 212		WHILE NOT AT WORK AT W	Notura	of the remains des	Accident	, Suice	M.	Homici TITLE (SF D. Dep	uty	Undeter	Inquiry Transcription of the Ct., T	D,	ATE GNED 4	1-27-84 , Md.
BP DHMH - 17 (VR A15 ME (5)) 20M 4/82	E	URIAL, CREMATION, I Surial UNERAL PRODER NAME RODER Funer	5	-1-84 Wilhelm	Ce	ame of cem dar H: land,	111	Ceme		CITY O	tland	_	COUNTY PG PS SEGNAT	state Md

Voldo Frances LAWSON Front WHI 2-4-16 68 millat # 177 Chemishume, Roll 4. the tree believe to be ded transmit of Lancon Milaste and water the tenner of 43714 A themselve, to who had a stylenty for a formula filling for War I say fly to be the the

	1-	FOR STATE REGISTRAR	TRACE RACE S. DATE OF BIRTH S. AGE S. A					
May 10 King	T. DEC	CEASED NAME FIRST	1005	Flin he to	Lee Va		DATE KNOWN	ONTH DAY YEAR
PE, REAL PRECTOR FILE 2 HOUS IN STREE	F	4 RACE	5. DATE OF BIRTH	0,3 6. AGE TO LAST WITH A			DNOUNCED	- 17 1984
SE CHAPPE	fe Bi	RTHPLACE ISTATE OF		HAT COUNTRY?				
ALA HA	200	Forestville		SPITAL, NURSING HOME ACILY GIVE STREET ADDRESS)	Prive 4			VORK 126 KIND OF BUS OR INDUSTRY
AND 31	13a. S			13c. CITY OR TOWN	13d. INSIDE CITY (IMITS? 13e STREET	address O Brooks	Drive Apt
KEATH SEATH		Theodore		Bostwick	FIRST	ances	Ophelia	Russell
ALTIMO ATTER I SIVE PACE TH FORM AGES TO ISSION	16a. V (Y			16b. SOCIAL SECURITY				i.
CORDS, 201 BE EXECUTE NDING" IN P EDICAL EXA S A BURIAL UTH AND ME REMATION.	NO	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	VEN IN PART I (a		
ECOR ENDIN WEDIC AS A ALTH	ATION							
三 马上中的五千人	. 1.7	190 DATE OF OPERATION	19b. CONDI	ITION FOR WHICH OPER	ATION WAS PERFORME	D?	1	20 AUTOPSY?
OF VITAL R ATE SHOULE F WORD "R THE CHIEF TO BE USED WENT OF HE TO BURING HE	CERTIFICATION	210. EXTERNAL CAUSE WAS	216. TIME O	FINJURY			IRE OF INJURY IN ITEM 18 PART I	YES 🗆
DIVISION OF VITAL RECORDS IS CERTIFICATE SHOULD BE EXE WRITING THE WORD "FENDING ARED TO THE CHIEF MEDICAL GET SHOULD BE USED AS A BUILT TO PRECISE TO BE WASTH AND 201 PRICE TO BURNAL, CREMAT	MEDICAL CERTIFIC	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED	21b. TIME O HOUR A.N DEATH P.N 21e PLACE	FINJURY A. MONTH DAY YEAR A. 19 OFINJURY (ATHOME.	21c HOW INJURY OC	CCURRED (ENTER NATI		YES 🗆
EXAMINEE: THE CERTIFICATE W ULD BE CORNA DIRECTOR: PAC WITH THE STAT MARYLAND, 212	MEDICAL CERTIFIC	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a certify that I took char death resulted from: Note	PLACE STREET, FAC	FINJURY A. MONTH DAY YEAR A. 19 OF INJURY (AT HOME. TIORY, FARM, ETC.) Stribed obove, held on Accident . Sui	216. HOW INJURY OC 216. LOCATION STREET Autopsy	CCURRED (ENTER NATION CO.) Ispection	Inquiry , ond in a	YES OR PART 2)
TO MEDICAL EXAMINEE: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE WRITING THE WORD "PRACE A SHOULD BE FORWARDED TO THE CHIEFT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT, OF HE BALLIMORE MARYLAND, 21201 PRICKTO BURILLAND.	WEDICAL [230. B]	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a certify that I took char death resulted from: Note	21b. TIME O HOUR A.M P.M 21e PLACE STREET, FAC ge of the remains dural couses Sto P. Roc 23b. DATE	OF INJURY A. MONTH DAY YEAR A. 19 OF INJURY (ATHOME, CTORY, FARM, ETC.) OF INJURY (ATHOME, CTORY, FARM, ETC.) OF INJURY (ATHOME, CTORY, FARM, ETC.)	216. HOW INJURY OF 216. LOCATION STREET Autopsy , In Homicide , Homicide , Homicide , ADDRESS OF STREET ,	Aspection Undeterm CIFY) MEDICA Rayburn (234, LOCA (1) COCA (1) COC	Inquiry , ond in a sined monner , ond in a sined monner LEXAMINER S Ct., Temple	YES ORPART 2) COUNTY My opinion DATE

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7	LIT	ems 18a 5/22/84	mtb F#59			ARYLAND		1 1	5 8 1	1
20-	1-	FOR STATE	AAF	DEPARTMENT OF			DEDEATH			
-		REGISTRAR CEASED NAME FIRST	,,,,	MIDDLE	VER 3	LAST	Ze DATE KNO	WN D MONTH	DAY YEAR	2b. HOUR
(AND	(TYI	Edna		Marie	т	ee	OF EST DEATH MAT	TED T	/8419	
(CHOE)	3. SE		S. DATE OF BIRTH		EARS IF UN	DER 1 YR. IF UNDER	R 24 HRS. 2c. DATE	MONTH	DAY YEAR	24 HOUR 9:00
A 20000	1	F Black			(RS.	HS DAYS HOURS	MIN PRONOUNCED DEAD	4/11	1/8419	P. W
NA SEE	7a B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8 MARR	ED NEVER MARK	PIED . 9. BALTIMORE	CITY OR COUNT		
BASSEC	1.	Va.	U.S.A		WIDOW			e George'		
SERVE S		ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) George's Ge	E, OR OTH	IER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LI	(FE)	OR INDUST	RY
302 388 (Cheverly AL RESIDENCE (IF IN NURSING HOME)				spital	Correctio	n Off.	U.S.Go	ovt.
21201 ANN 3 AND 3 SETAN POULD	2 134 5	Md. Prin	ce Geor	Temple H	ills	13d. INSIDE (11Y LIMITS? YES NO	13e. STREET ADDRESS 3009 Oxen	Run Cc	purt	0
MD.	19	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
ORE SES	4	Fred C. Jack		1			nie Redd	200000000000000000000000000000000000000	W AB	
BALTIMORE, MD. 21201 S. ATER DEATH FANT GIVE PACES 1, 2. AND PACES 10. SHOULD PACES 10. SHOULD PACES 10. SHOULD INISIGN CANTAN REGGI	160. WAS DECEASED EVER IN (YES, NO, OR UNKNOWN) NO			228-56-3		Donna Ma	rie Furbus	odres 2818 sh Falls		
- ≅ ∴ ≥ . : □		18 CAUSE OF DEATH (Enter on	D BV						APPROXIMATE BETWEEN ONSE	E INTERVAL
PRESTON ST., VITHIN 24 HOUS VITHIN 24 HOUS VITHIN SA HOUS VITHIN SANSIT PREMAIT TAL HYGIENE, IT	115	PART I DEATH WAS CAUSE	TE CAUSE (a)	Smoke and S		nhalation	Thermal Bu	rns		
ESTO IN 12 IN 11 IN 12 IN 11 IN 12 IN 14 IN 14 I	17	Conditions, if ony, which		R AS A CONSEQUENCE	OF					
		gave rise to immediate couse (o) stating the under-	(b)	R AS A CONSEQUENCE	05				-	
> ~ ~ ~ ~ ~ ~		lying couse last.	(6)	K AS A CONSEQUENCE	OF					
CERTIFICATE SHOULD BE EXECUTED ITING THE WORD. "PENDING" IN POED TO THE CHIEF MEDICAL REDICAL ES SHOULD BE USED AS A BURIAL. DEPARTMENT OF HEALTH AND MEDICAL PROPRESS OF HEALTH AND MEDICAL SHOULD BE USED AS A BURIAL.	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING 10 DEAT	H BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (o).			
REC ID AS IL, CR	7 8	190. DATE OF OPERATION	19b COND	ITION FOR WHICH OPE	RATION W	'AS PERFORMED?			20. AUTOPSY?	?
ITAL SERVICE SERVICE S	FE		- C. 10						YES 😾	NO 🗆
S CERTIFICATE SHOUR RITING THE CHIEF RDED TO THE RDED TO THE CHIEF RDED TO THE CHIEF RDED THE RDED TO THE CHIEF RDED THE	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME C	FINJURY M. MONTH DAY YEA		OW INJURY OCCURR	ED LENTER NATURE OF INJURY IN	ITEM 18 PART I OR PAR		
ONO STHE TO T FOUL	13	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 7:33P.	4/12/8	4 s	ubject in	auto struck	from beh	ind, bu	irned
IVISI CERT TINC DED 3 S.F. DEP DEP	MEDICAL	WHILE NOT WHILE		OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LO	CATION	CITY OR TOWN	COU	INTY	STATE
DIVIS BR: THIS CER ATE, WRITIN ORWARDED ORWARDED RR: PAGE 3 S RE STATE DEP) *	AT WORK AT WORK	r	oad			lywy & Columb	oia Pk Dr	Lando	ver,
ATE. PATE.	6	220 I certify that I took charg	ge of the remains de	escribed abave, held an		sy X. Inspection		ond in my opi		id.
EXAMINER: ECETIFICATE OULD BE FOR: I, WITH THE SAMARYLAND.		death resulted fram. Natu	ral causes ,	Accident X, S	uicide	, Hamicide .	Undetermined manner			
MAR.		ACTUAL	SHOW	0		TITLE (SPECIFY)		DATE	. (2.5.1	
SHOE SHOE		SIGNATURE	D		M	.D. Assista	INT MEDICAL EXAMINER	DATE SIGNED	4/12/	84
TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR AFTER DEATH, WITH-THE BANTIMORE, MARYLAND				Kauffman, M				to., Md.	21201	
PAFT	23a.E	URIAL, CREMATION, REMOVAL		23c NAME OF CE			236. LOCATION CITY OR TOWN	COUNT	TY ST	TATE
BP	24.6	Burial	1pr. 16,8	84Pleasant 8914 Quar	Val	leyMem Pl	REC'D. BY REGISTRAR 93	Fair	fax Va	000
DHMH - 17 (VR A15 ME (5))		BornaloA	ADDRES	lanassas.V	ry R	T.	PR 16 1984	la David	son-Abrodo	Sta
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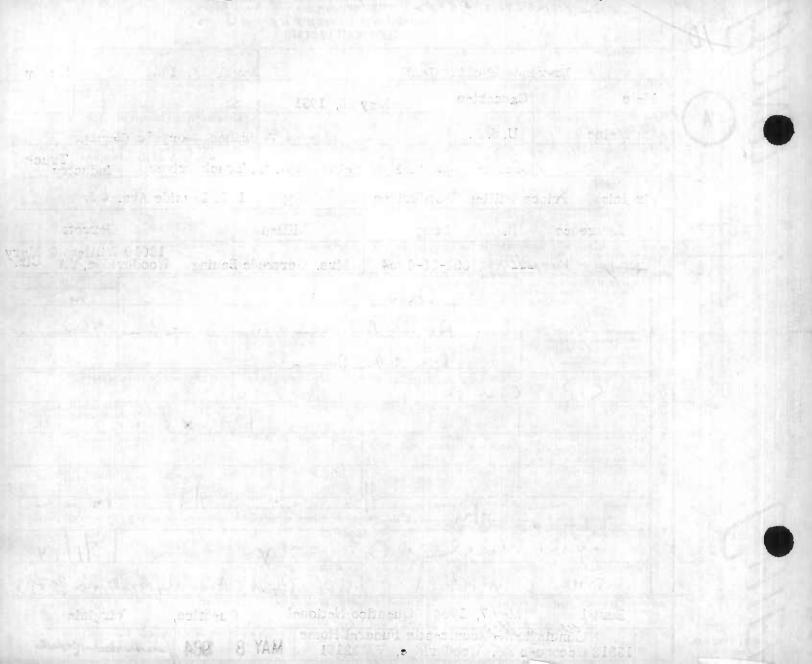


nurtal A/11/84 Harmony homorial and andover rince George's Hill 4339 HUNT PLACE, N.E.

APR 25 The John Tenton Mordelle

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINTS Eugene I. April 30, 1984 Logan. Jr. 8:49P M 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Male White March 13. 1922 In BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington . D. C. Prince George's County U.S.A. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hyattsville 3915 Livingston Street Self Employed Machinist. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland P.G. Hvattsville YES T NO [3915 Livingston Street 20781 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Eugene Mary Logan, Sr. Mould 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 3925 Madison Street IF YES, GIVE WAR OR DATES 577 07 2944 Eugene I. Logan, 111 Hyattsville, Md. 20781 Yes-Navv W.W.II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RECORDS, CERTIFICATION 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON DIVISION OF VITAL YES [NO M 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 4-16-220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the body ofter death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL May. 1, 1984 DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S Mushtaq A. Shah, M.D. 4637 Eastern Ave. Mt. Rainier, Maryland 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Silver Spring of G. Maryland 5/3/84 Gate of Heaven Cem. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 whie Devidour Randall F. Gasch's Sons F.H. P.A. Hyattsville, Md. 20781 (VRA 15, 4)

ARRI . CD Eiune . alv. nasel . 121:15 Y'C, not pining Trince County to of the desired the state of to min modernivil 3500 150 office out "015 Tivington Street 20781 remail No. attiving the Tile owner Treme at Made of Tile control of the both to be the control Ansiron, defining all alve modern Tide Austria. . Sinn, I. D. 4 1884 galaction and a C. Gorahi e Sona E.U. E. 1. Hyalkaville, Md. 20781.



REGISTRAR

. DECEASED NAME

I S POST OFFICE 13e.STREET ADDRESS / ZIP CODE 7804 TEMPLE STREET 20783 LAST MCKIM SAME AS 1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (aur) apinian death occurred on the date and have and from the causes stated 22c DATE SIGNED (SPECIFY) ARLINGTON NATIONAL ARLINGTON BURTAL 24 FUNERAL DIRECTOR FRANCIS J. COLLINS ADDRESS DHMH - 16 50M 4/83 (VRA 15, 4) 500 UNIV. BLVD. W. SILVER SPRING. 20901

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

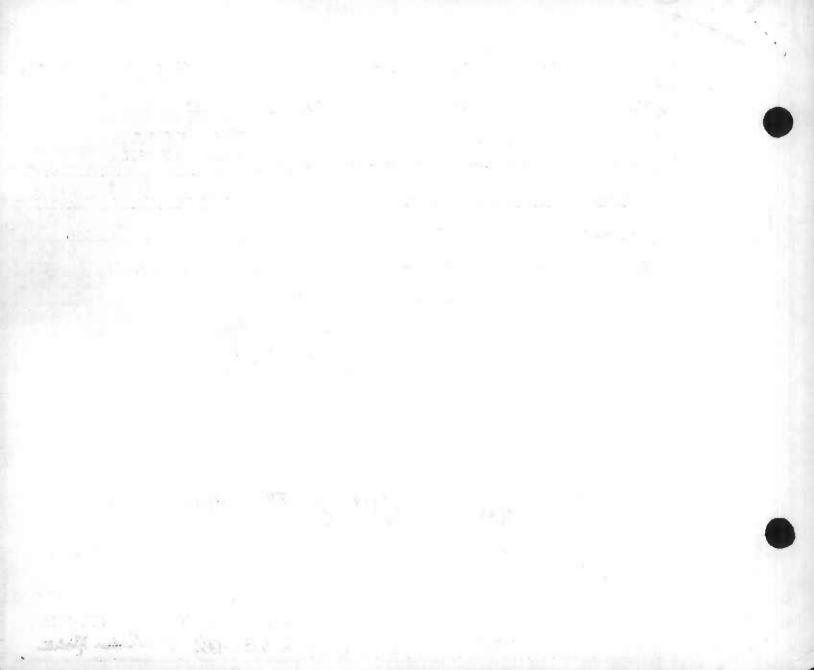
2h HOUR

IF UNDER) YEAR

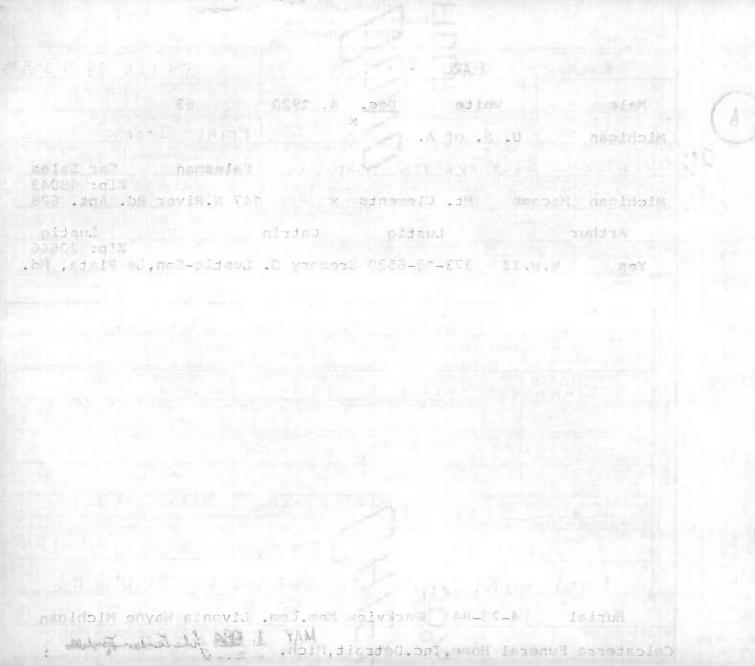
4:35A.

IF LINDER 24 HRS

20 DATE OF DEATH



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) RICHARD EARL Lust 1:33 4 RACE 6 AGE IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF LINDER 2 CHR 3 SEX 5. DATE OF BIRTH MONTH DAYS YEAR 1920 White Male Dec 63 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED 620RARS Michigan WIDOWED DIVORCED T NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION KIND OF BUSINESS C INTON e bread Salesman Car Sales 130 STREET ADDRESS / ZIP CODE Zip 3 48043 COUNTY 13d. INSIDE CITY LIMITS? 113c. CITY OR TOWN 147 N.River Rd. Apt4 Macomb Mt. Clementsyes IX Michigan ATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE Lustia Arthur Lustia Catrin ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Zip: 20646 IF YES, GIVE WAR OR DATEST 373-18-6520 Gregory G. Lustig-Son, La Plata, Md. Yes W.W.II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CARDIO PULMONARY IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 MELLITUN 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (was did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN VDIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OF PRINT) 9015 WOODYARD 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Parkview Mem. Cem. 4-28-84 Livonia Wayne Michigan 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Calcaterra Funeral Home, Inc. Detroit, Mich. (VRA 15, 4)



8	0	1-
`	(1)	1. DEC
	fier a	3. SE)

and completely filled in by the funeral directs ages 1 and 2 should be filed within 72 hours o

an papers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then with the State Dept, of Health and Mental Hygiene prior to bu

MPORTANT: If Item 21 is marked a

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
1. DECEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Mildı	red M		Maci	farlane	April 29,	1984	9:10Pm
3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Female		White		Jan	22, 1913	71 YRS		HOURS MIN.
To. BIRTHPLACE ISTATE	OR FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUN		
West Viro	inia	US	Δ	WIDOWE		Prince Georg	105	MD.
10 CITY OR TOWN OF T		11. NAME OF	HOSPITAL, NURSIN	G HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATION	12h KIND C	OF BUSINESS OR
Cheverly	7	Prince	George	Gene	eral Hospita	Housewif	e industry	
USUAL RESIDENCE (# N 130 STATE Maryland	13b COU	NTY	Temple	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE	20748
14. FATHER'S NAME		MIDDLE	IAST		15. MOTHER'S MAIDEN NA			
Robert		Lee	Payne	e,SR	Hilda	Ella	Wo	rley
160 WAS DECEASED EV	ER IN U.S. A		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
(YES, MOOR UNKNOWN)	(IF YES, G	VE WAR OR DATES)	578-14-	6962	Donald M.	Macfarlane	Same	as #13
18 CAUSE OF DE PART I. DEATH	I WAS CAUS	nly ane cause per ED BY: .TE CAUSE (a)	line toyal, (b), and	0-	RUNGWARY	ARREST	BETWEEN	IMATE INTERVAL ONSET AND DEATH
Canditions, if a		DUE TO, O	R AS NSEQUE	RICE OF	LOBE PAR	MONIA XC	THE	
couse (a), sto		DUE TO, O	R ACONSEQUE	(R)	FEMUR			
PART 2 OTHER S	- CI	-RCINDI	PA -UT	ahlo	minal Gerin	la Perchan		
M DATE OF OPE	RATION	196 COND	LION LOS AHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI	

218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH JIF EITHER, NOTIFY MEDICAL EXAMINER

YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)

211 LOCATION

27e ADDRES

Greenbrier BurialPk

21¢ HOW INJURY OCCURRED

COUNTY

YES [

STATE

W. STATVa.

NOT WHILE 27s.1 certify that (1) (this hospital) attended in (my) (aur) opinian death accurred on hy DEGREE

231 NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF DIRECTOR PHYSICIAN

Summers

77: DATE SIGNED

236. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial BP

MEDICAL

21d INJURY OCCURRED

24 FUNERAL DIRECTOR TT Wilhelm Funeral Home Suitland, Maryland E.

5-2-84

236. DATE

REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

Hinton

DHMH - 16 50M 4/83 (VRA 15, 4)

The function of the second is a second of the second of the ECTIVE LENGTH OF WHICH SEED HOSTER 112 mark the state of the state a statement of the state of

BP

DHMH - 16 50M 4/83

(VRA 15, 4)

FOR

1. DECEASED NAME

REGISTRAR

FIRST

- STATE

TIPE OR PRINTS

Telecommunications NSA. 13e STREET ADDRESS / ZIP CODE 313 Chalet Dr. 21108 Hardesty ADDRESS same as NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation Balto.Wash. Crematbry Laurel, P.G. Co. Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR FUNERAL Home, In @ ORESS Sandy Spring Rd Laurel Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2b. HOUR

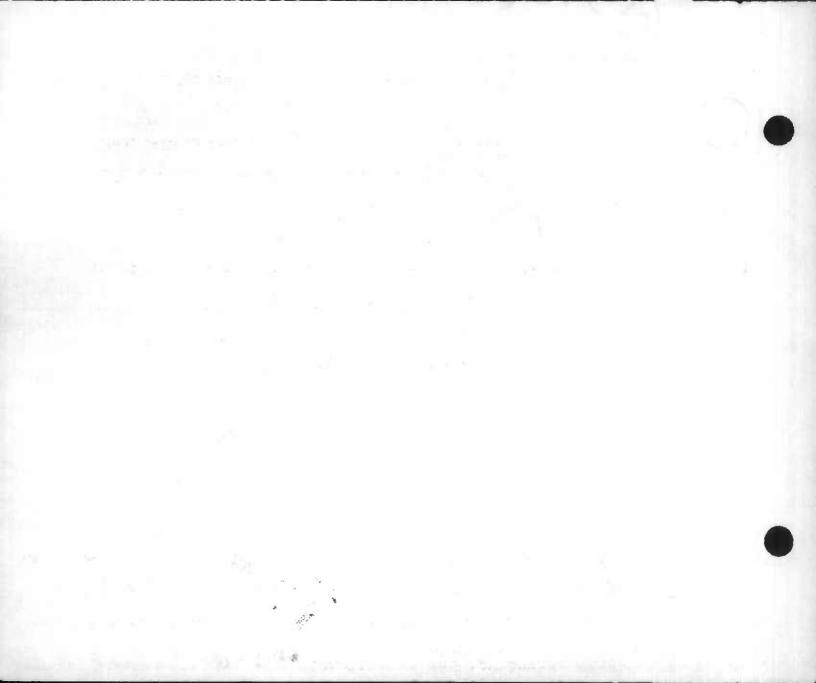
176 KIND OF BUSINESS OR

IF UNDER 1 YEAR

9.40P M

IF UNDER 24 HRS

20 DATE OF DEATH



X I	FOR STATE REGISTRA	P	MI	DEPARTMENT		HAND MENT	639		10	8 8	3
	DECEASED N			WIDDIE		LAST		DATE KNOWN		DAY YEAR	2b. HO
100	(TYPE OR PRINT)	James		н.	MAK	LE . Jr		OF ESTI-	□ 4- 5	19 84	
1.1	SEX	4 RACE	S. DATE OF BIRTH	1 6. AGE	(IN YEARS IF UN	NDER 1 YR. IF UN	DER 24 HRS. 20		MONTH	DAY YEAR	2d HO
1	Male	Black	11-21-		YRS.	HS DAYS HOUR	S MIN PE	PONOUNCED	4-5	19 84	7:3
	BIRTHPLACE FOREIGN COUN	(STATE OR		VHAT COUNTRY?	8. MARR	IED NEVER M	ARRIED 19	PALTIMORE CITY	OR COUNTY	OF DEATH	
11	Maryla		USA	1	WIDOV		ORCED	1 (2.			٨
10		WN OF DEATH		SPITAL, NURSING		HER INSTITUTION		L OCCUPATION (T	YPE OF WORK 12	 KIND OF BU OR INDUST 	JSINESS RY
1	Clinto		Southern		nd Hosp	ital	La	bor		Farmir	19
	SUAL RESIDEN	ICE (IF IN NUR! -) IN ME	OR OTHER INSTITUTION, O	13c. CITY OR TO		13d INSIDE CUY LIMI	TS? 13e STREE	T ADDRESS			7
	Maryla	nd Cha	rles	Waldor	4	YES NO	DIR+1	Box 155	20601		
14	FATHER'S N	AME	MIDDLE	LAST		IS. MOTHER'S M	AIDEN NAME	MIDDLE		LAST	
	Hayde	n		Makle		Mary		6 1 . 10005		Borgan	
16	(YES, NO, OR UI	ASED EVER IN U.S. AI	/E WAR OR DATES)	16b. SOCIAL SE		17 INFORMANT	_	R+ / ADDRES	120 AC		
	No				3684	billian	-armer	Brandywin	e Ma	2061	
	18 CAUS	E OF DEATH (Enter of DEATH WAS CAUS	ED BV.							APPROXIMAT BETWEEN ONSE	T AND DEA
L	4	102 9 IMMEDI	ATE CAUSE (a) HY	pertensiv		iovascul	ar disea	ase			
	Con	ditions, it any, whic		R AS A CONSEQUE	NCE OF						
	gave	rise ta immediat	re (b)								
		e (a) stating the <u>under</u> couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF						
	BART 2 OT	IER SIGNIFICANT CONDITION	(c)	U BUT MOT BELLITO TO Y	UF TERMINAL DAGGA	75 00 50M017-0M 0M5				ļ	
1	27.1	EK SIGNIFICANT CONVITION	CONTRIBUTING TO DEAT	N BUT HUT KETATED TO I	NE LEKMINAL UISEAS	SE OK CONDITION GIVEN	IN PART I In				
L	19a DAT	OF OPERATION	19b. COND	OITION FOR WHICH	OPERATION W	VAS PERFORMED?				20 AUTOPSY	2
Ł	30									YES 🗆	NO K
	21a. EXTE	RNAL CAUSE WAS		OF INJURY	21c H	OW INJURY OCC	URRED (ENTER NA	TURE OF INJURY IN ITEM 1	8 PART 1 OR PART :		140 1
1	19a. DATI	TING OR CAUSE OF			YEAR						
	21d INJU	RY OCCURRED	21e PLACE	OF INJURY (AT HO	DME, 211 LC	CATION					
	WHILE AT WOR	NOT WHILE	STREET, FA	ACTORY, FARM, ETC.)		STREET		CITY OR TOWN	COUN	TY	STATE
		A AI WORK			1		12	(T)			
		certify that I taak cha	[-]			1	ection K,		ond in my opin	ion	
	death re	esulted from: Nat	rural causes 🗶,	Accident .	Suicide], Homicide L		mined manner			
	ACTUAL	Huge	so XX	Lucusi		Deputy			DATE	4-5-84	
+	SIGNATI	RUMAN	1. 1.	7/ X	/\		MEDIC	ALEXAMINER			
4-	EXAMIN	R'S NAMY Aug	usto P. R	odriguez,	M.D.	5009	Raybur	n Ct., Te	mple Hi	111s, M	d.
72	(TYPE OR	MATION, REMOVAL	23b. DATE	-		ADDRESSOR CREMATORY	23d. LOC		-		
13	(SPECIFY)		4-9 24	SJ. I	\A .	A CKEMATORY	TŽ ^{ITY OF}	RTOWN	COUNTY	1	TATE
2	FUNERAL D	IRECTOR	1 1 - 8 !	JT: 1	MARY	25a. D	ATE REC'D. BY	EGISTRAR 250. BEG	GIŞJRAR'Ş SIG		
	NAME .	1 /1	ADDRE	WW	1 2010	0	PR 11	1984	, Davidson	- Stretteres	
T	Martel	1 HUAMS	HquA:	262 1,16	2060	0 1	11 11 2 7				

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	depth. P	posson
DS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ofe be executed within 24 hours after	sicion and complanely filled in by the
ESTON ST.,	quires that the death certificate	signed by the ottending physician and a
11 W. PR	thot the	by the
DS, 20	doires	Signec

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1110	TENE .			E	and .	1	
	REG. N	О.					
	2e. DATE OF DEATH	MONTH	DAY	YEAR	2b. H	OU	
4		04-26-84					
	6 AGE (IN YEARS LAST OIL	RTHDAY)	IF UND	ER 1 YEAR	IF UN	DER :	
	74		MONTHS	DAYS	HOU	85	

REGISTRAR				REG. NO.		
1. DECEASED NAME FIRST (TYPE OR PRINT) BEN	NIE C.		St Jöhn) MANN	20. DATE OF DEATH MONTH	DAY YEAR 1-26-84	26. HOUR 3:42A
3 SEX Female	RACE White		Date of Birth March 20°, 1910	6 AGE (IN YEARS LAST BIRTHDAY) 74	F UNDER 1 YEAR MONTHS DAYS	
78. BIRTHPLACE (STATE OR FOREIGN Vices Inia	76. CITIZEN OF WH		MARRIED NEVER MARRIED VIDOWED DIVORCED	- DOINCE CEARCE		Υ "
OB CITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADD	HOME OR OTHER INSTITUTION GENERAL HOSPITA	120 USUAL OCCUPATION (TYPS A TOPLES R 124 (Lyporkin	Store	Prement of
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COU Maryland Pri	NOTY 130 POPULATION GIVEN NOTY 130 POPULATIO	CITY OR TOWN	113d. INSIDE CITY LIMITS?	7922 15th Ave	20783 nue Apt 3	302
14 FATHER'S NAME Unknown	WIDDLE	Combie	15 MOTHER'S MAIDEN I		LAS	ST .
WAS DECEASED EVER IN U.S. A		SOCIAL SECURIT 579 20 44			th Bend In, Texas)rive
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line ED BY. TE CAUSE (o)	2001	c (,)		APPROX BETWEEN	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.) (b) <u>(</u>	S A CONSEQUENCE	TRACT Infe	tion	Max	745
NO ITE DATE OF OPERATION	THE CONDITION	AS culs IN FOR WHICH OP	Accidents ;	YES NO NO	YES, WERE FINDING RTIFYING CAUSES	NGS USED
210. ACCIDENT WAS UNDERLYING	216. TIME OF IN	JURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	LS PART L OR PART 2)	

1% CONDITION FOR WHICH OPERATION WAS PERFORMED Min. AUTOPSY? 70h IF YES, WERE FINDINGS USED THE DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES NO [216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M

(IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CLTY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE

(our) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c DATE SIGNED MEDICAL STAFF

ATTENDING PHYSICIAN DIRECTOR | PHYSICIAN 22e. ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23b. DATE 4/28/84 Burial Cedar Hill Cemetery

Brentwood

Maryland

STATE

Francis Gasch's Sons Funeral Mome, P.A. Hyattsville, Md. 20781

250 DATE REC'D.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

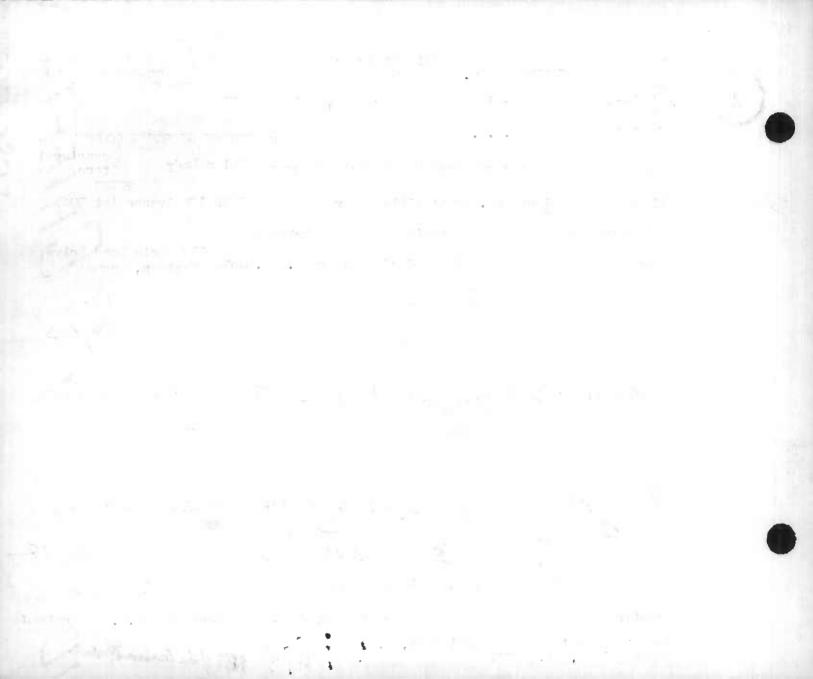
TO FUNERAL DIRECTOR:

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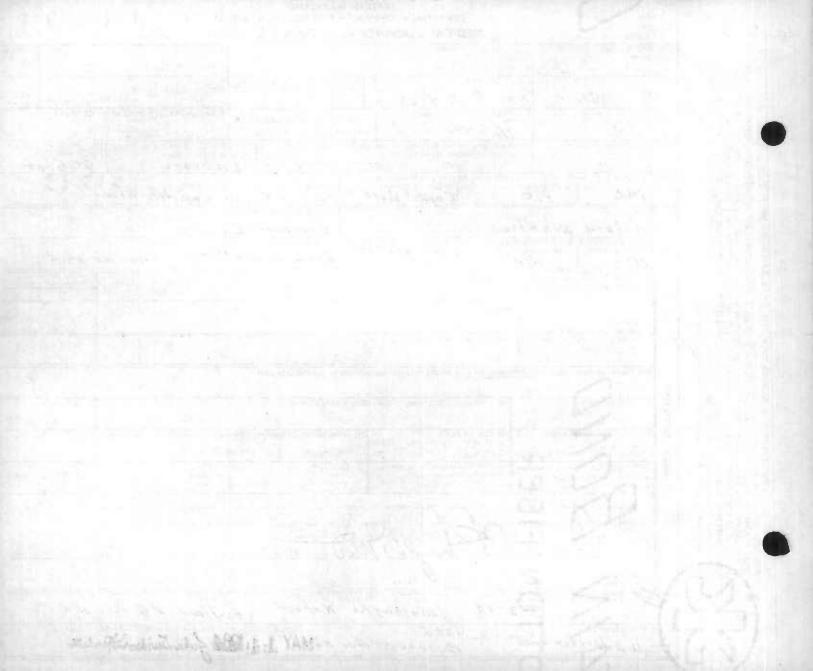
the State Dept

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bed



1	FOR			DEDART		OF MARYL	AND MENTAL HY	GIENB 4		1 5 0	1
1	- STA		M				FICATE OF	DEATH	REG. NO.	1 3 7	
		SED NAME FIRST		MIDDLE		LAST		20. DATE KNO	OWN XX MON	TH DAY YEAR	26 HOUR
	(TIPE OR	Jero	ome	N.		Matthe	WS	OF ES	TED	4-27 19 84	M
3.	SEX	Black	5. DATE OF BIRT	1954	6. AGE (IN YEAR: LAST BIRTHDAY) 29 YRS			HRS. 2c. DATE AIN PRONOUNCED DEAD	MON		24 HOUR 8:55 D. M
1	. BIRTH	PLACE (STATE OR	76 CITIZEN OF			MARRIED D	NEVER MARRIED		CITY OR COL	UNTY OF DEATH	1 P. M
	POREIG	D. C.	11. 2.	A.		WIDOWED [DIVORCED		George	's County	, MD.
110). CITY	OR TOWN OF DEATH	11 NAME OF HO			OR OTHER INSTI	ITUTION 12	FOR MOST OF WORKING		OR INDUST	RY
		everly				eral Hos		Labore	4	D.C. 60	v+
	a STAT	ESIDENCE (IF IN NURSING HOME) 136 COUN P.			ORTOWN ,	13d. INSIO		Se STREET ADDRESS	lato Bi	19743	
	FATH	ER'S NAME FIRST 1/ / hru Mn	Hhews		LAST		THER'S MAIDEN	Dunlap MIDDE		LAST	
16		DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURITY	17 INFO	DRMANT	A	DDRESS		
L	(YES, N	(IF YES, GIVE	WAR OR DATES)	577	-72-57	6 rn	reviewe th	Inthews	Syme	45 13 E	
	18	CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one cause per li D BY:							APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
ED AS A BURIAL PARAMER ALLONG WE BE AS A BURIAL PROSIT HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL.			TE CAUSE (a)		iple Gui	shot Wo	ounds				
		Canditions, if ony, which		OR AS A CON	42EQUENCE OF					E	
		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF									
		lying cause lost.	(c)								
		RF 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE OR CONDI	ITION GIVEN IN PART 1) (a),			
1	CERTIFICATION	e. DATE OF OPERATION	196 CONI	DITION FOR	WHICH OPERA	TION WAS PERF	ORMED?			20 AUTOPSY	?
7	TEIC		A							YES X	NO 🗌
		EXTERNAL CAUSE WAS		OF INJURY	DAY YEAR	21c. HOW INJU	URY OCCURRED	ENTER NATURE OF INJURY	N ITEM 18 PART 1 O	R PART 2)	
	5 C	ONTRIBUTING CAUSE OF	DEATH 8:00	м. 4-	27 19 84		ct was s	hot			
		INJURY OCCURRED WHILE NOT WHILE	STREET, F	E OF INJURY ACTORY, FARM, E	TC.)	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		T WORK AT WORK	park	ing lo	ot		Central A	Ave.,Capit	ol Heig	hts, Princ	e
		72s I certify that gook chart	ge of the remains d	iogerited of	ove, held on	Autopsy X.	Inspection	. Inquiry	and immy	S Co., Md	•
		leath resulted roof Natu	ral couses	- Acephon	, Spici	1112 -		Undetermined manne	r 📙.		
		TUAL / Selis	usto	Thu	Mi		erspecify) sistant	MEDICAL	DA		-84
T		GNATURE COCC	V. V.		1	-Lawying 5		_MEDICAL EXAMINE		SNED 4-20	04
	(T)	IFE OK FRIIVI)	nnis F. S	-		ADDRES	55	l Penn Str	eet		
	- PARC		5-3-84	u	Jashing	TERY OR CREM	ATORY Jones	23d. LOCATION CITY OR TOWN SUIF FRANCE	1.6.	COUNTY MILE ST	TATE
2	4. FUNI	W 43 hingfon =	Sa 4 5 ADDRE	554923		1 . 1		D. BY REGISTRAR	5b. REGISTRAR	'S SIGNATURE	
	H.5.	WAShington		BUR	noughs	MVC NG	MAY 111	gula	Devident	Mondalle	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MGUSTA 4. RACE I PHOTE HAS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS . SEX MONTH DAY YEAR BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. Pr. Geo. Canada WIDOWEDE DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carroll Manor Nursing Home Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Pr. Geo. Hvattsvill 4922 - LaSalle Road Md. YES T 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Gordan Charles MacDaniel Amee 17. INFORMANT To Egerton Crescent 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. LYES NO OR UNKNOWN I LIF YES, GIVE WAR OR DATES) 657-48-9702 Ralph W. Cousins London, SW3, England No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY ACUTE INTESTINAL OBSTRUCTION 4 days 15 Hus Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION DIKEN IN PART 119 190 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 71s. PLACE OF INJURY 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 4/23 and that in (my) (a) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22. ADDRESS 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial 4-28-84 St. Mary's Cem. Va. BP. Alex. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Julia Davidson gandall Mt. Rainier. Md. Nalley's F.H. Inc. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 10. DATE KNOWN DECEASED NAME 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Millard 25 1984 McCov S DATE OF BIRTH & AGE UNYEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 7, 1926 DEAD Mav 57 YRS 1984 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED [DIVORCED Prince Georges USA ID. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Aircraft Mechaniu S Gov't 2512 Lewis Avenue Suitland 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2512 Lewis AVe. 20746 Pr George Suitland Marvland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE EIRST LAST Vermillion Millard Louise McCov Mary 7. INFORMANT 14h SOCIAL SECURITY NO ADDRESS IYES, NO, OR UNKNOWNI 577-24-0346 Yes WWII Arline M. McCoy Same #13 as 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH MA CAUSED BY:
MMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 a duodenal ules 190. DATE OF OPERATION 2D AUTOPSY? YES -21a EXTERNAL CAUSE WAS 216. TIME OF INILIRY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21L LOCATION STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 Inspection X 276 I certify that I took charge of the remains described above, held an Autopsy and in my opinian Natural causes X Hamicide Undetermined monner TITLE (SPECIFY) DATE 4-25-84 Deputy MEDICAL EXAMINER ADDRES 5009 Rayburn Ct., Temple Hills. Md. 23d LOCATION 23g BURIAL CREMATION REMOVAL 23h DATE Burial 4-28-84 Cedar Hill Cemetery Suitland Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE E. Wilhelmss **DHMH** - 17 Suitland, Md. (VR A15 ME (5)) Funeral Home 20M 4/82

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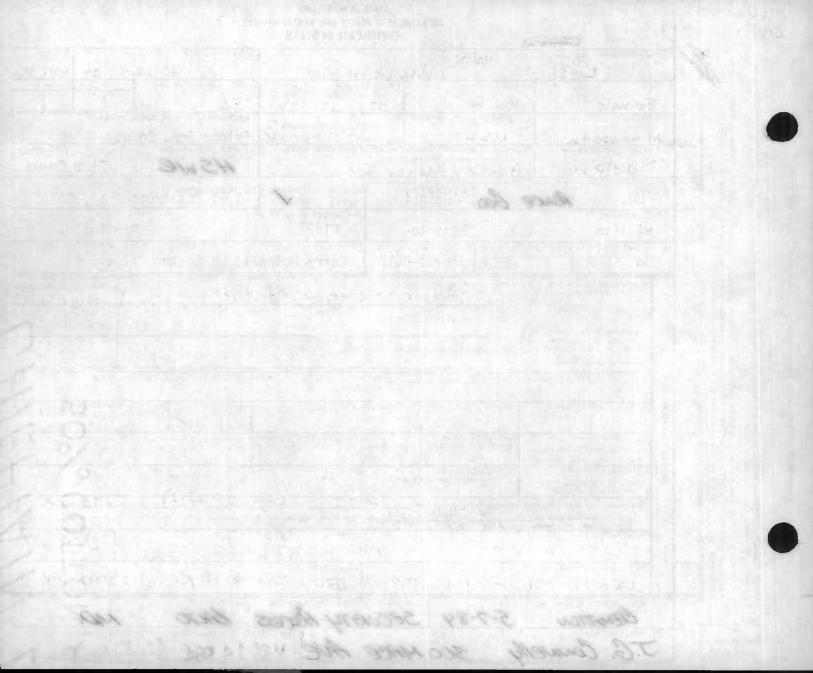
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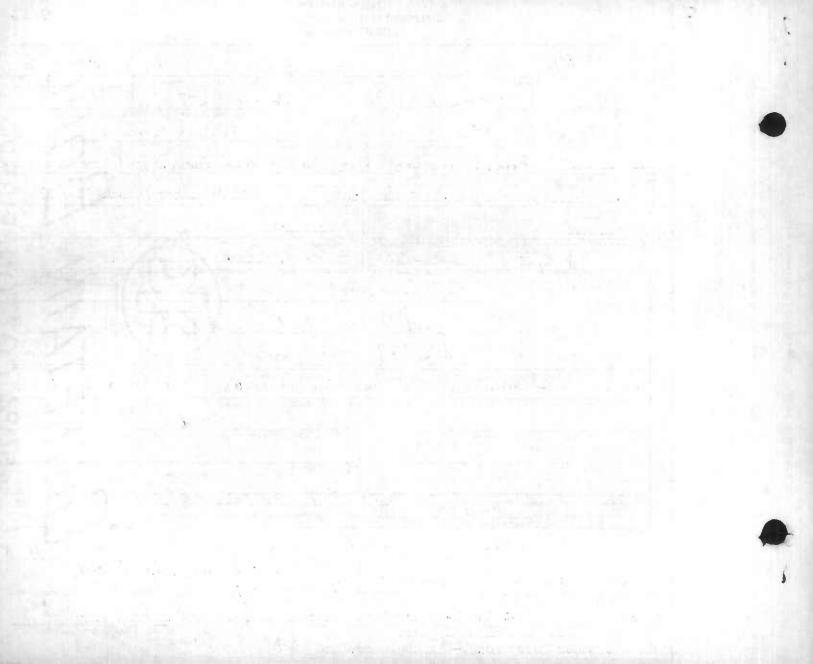
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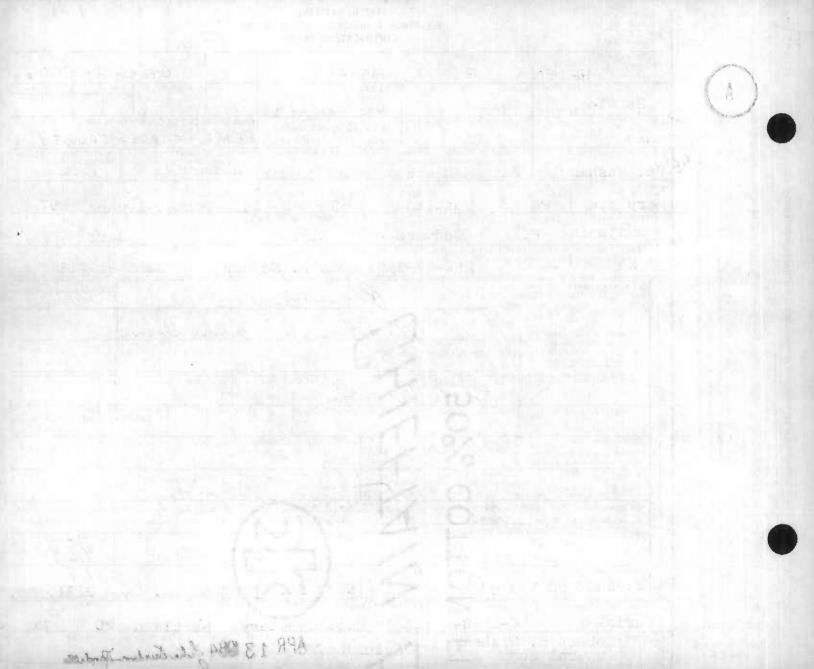
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STATE OF MARYLAND



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	STATE OF MARYLAND
FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
REGISTRAR	CERTIFICATE OF DEATH

DEC NO

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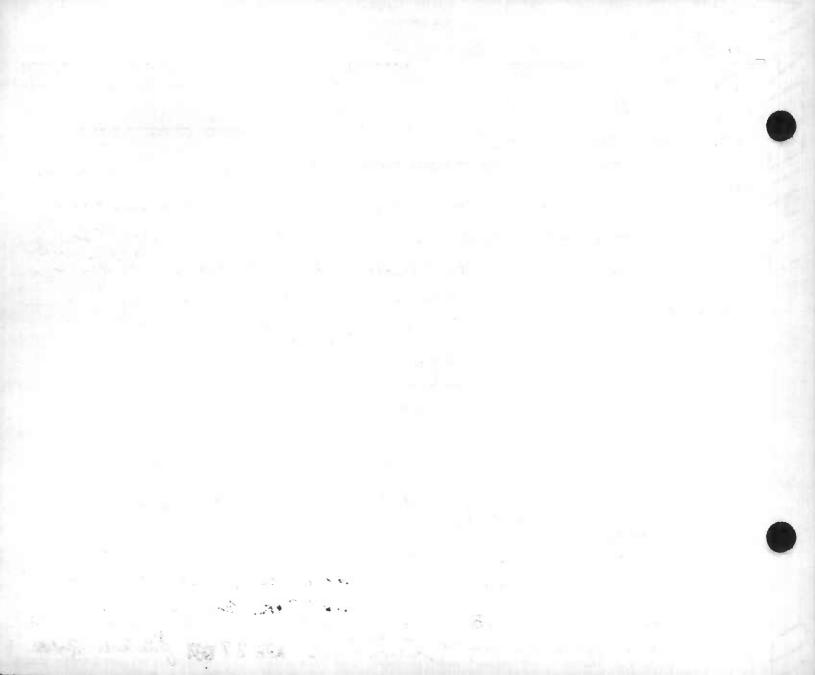
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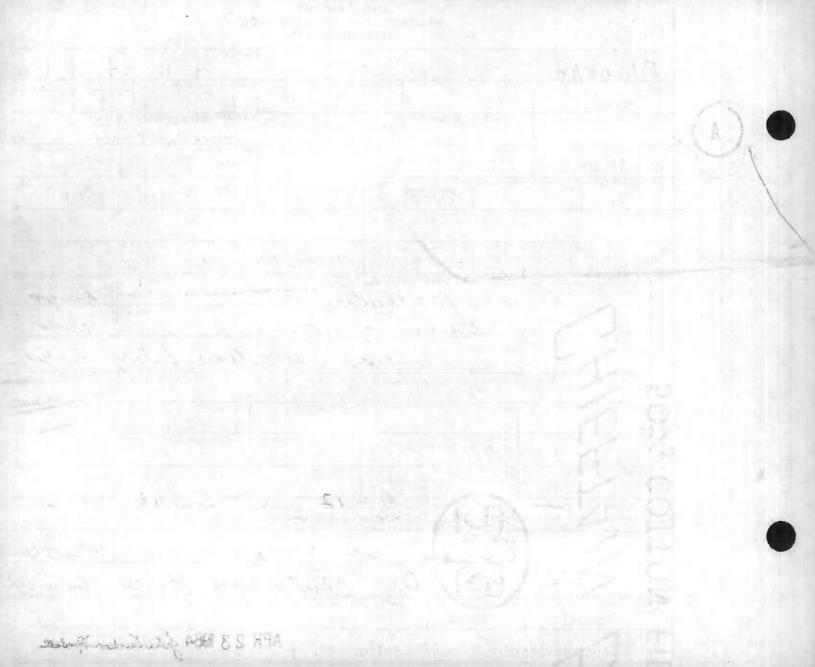
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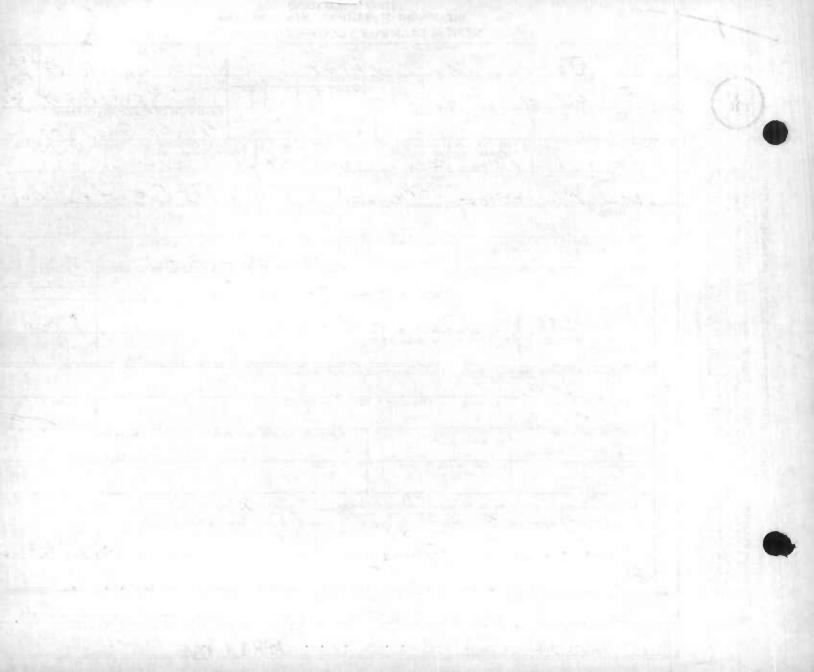


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) Month Doy Yeor FLORRIE MORGAN LEE 84 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years IF UNDER 24 HRS. lost birthdoy) DAYS MONTHS HOURS Female White 8/16/03 after death. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (Quajry) Virginia WIDOWED XX United States DIVORCED Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done TO, CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 5509 Wellview Avenue duri Barysro Lokkin (Iferim if retired.) UNDSTRY Government DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO NO 20785 3305 Belleview Avenue Maryland Prince Geoge's Cheverly IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Middle Bridwell McDuff Sarah Duffey Same as #13 (Daughter) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT with (Yes, por unknown) 579 20 2625 Virginia D. Morgan event, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY Pneumonia. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Arteriosclerotic Heart Disease. rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse (c) Generalized Arteriosclerosis. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) permit. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO TO 210. ACCIDENT WAS UNCERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) burial, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notity medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1564, 19, to APRIL 17, 1984, that (I) (we) last saw the deceased alive on APRIL 10, 19 find that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death detached fa 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR: ATTENDING DEGREE 4/17/84 DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS 6490 Landover Road DON B. CAMERON, M.D., P.A. NAME (Type) Cheverly, Maryland 20785 shauld to 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION. 23b. DATE (County) (State) REMOVAL (Spenfy) 4/20/84 Ft. Lkncoln Cemetery Brentwood Md. P.G. 2 25b REGISTRAR'S SIGNATURE 24FFEHCTS Gasch's Sons Funeral Mone. P.A. DHMH-16 1/71 30M Hyattsville, Md. 20781 (VR A15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 10 (TYPE OR PRINT) OF ESTI-DEATH MATED 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 70 BIRTHPLACE 1 BALTIMORE CITY OF COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED [DIVORCED Maryland m 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Student School School ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1 AND FIRST MIDDLE LAST FIRST MIDDLE LAST Helen Ward Ellis Morris ADDRESS 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-92-6561 Helen Morris - mother- (same as 13e) N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TRANSIT Conditions, if lony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAM lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE. YES 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. The PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection Do 270 I certify that I taak charge of the remains described above, held an Autopsy and in my apinian death resulted from: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUA MEDICAL EXAMINER NER'S NAME TYPE OR PRINT Seminary Road, John S. Rogers, DME ADDRESS 23s BURIAL CREMATION REMOVAL 23s. DATE TH LOCATION BEATE Colesville Cemetery Silver Spring Montgomery BP 25s. DATE REC'D BY REGISTRAR 15h REGISTRAR'S SIGNATURE **DHMH - 17** 11800 N.H. Ave. S.S. Mo.D (VR A15 ME (5))

20M 4/82



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15-	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH	REG. NO.	
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TIMORE on ond c	(YES, NO ON NOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 214-07-		OUNTAIN BOWIE,	NCHESTER LANE 11D 20715 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ibs, 201 W. PRESTON ST., B quires that the death certifica signed by the offending phy; hen please remove carbon pairs burial, cremation, or remove injury, or ather troumatic event	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	NCE OF THE HEAR-	T FALIURE PECTORIS	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

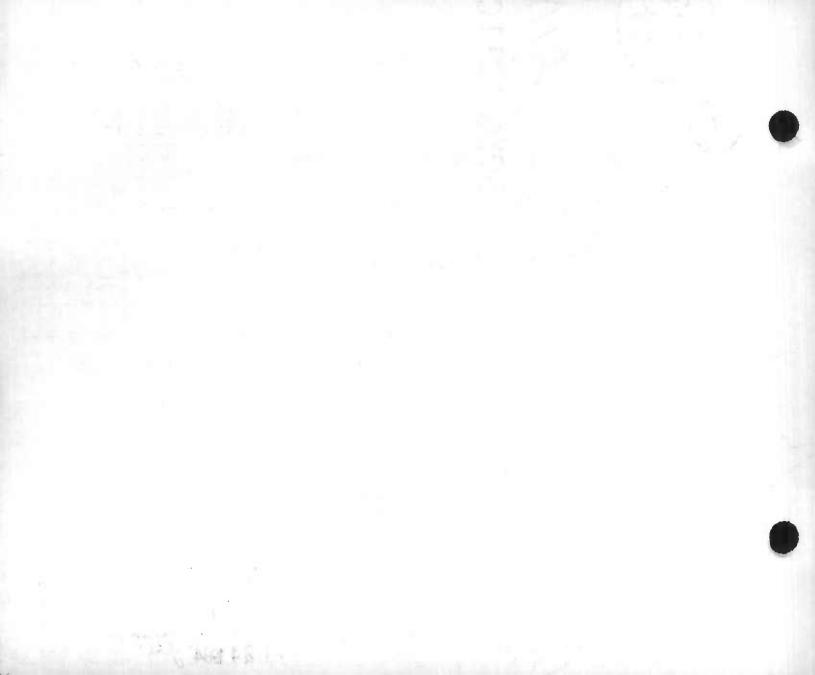
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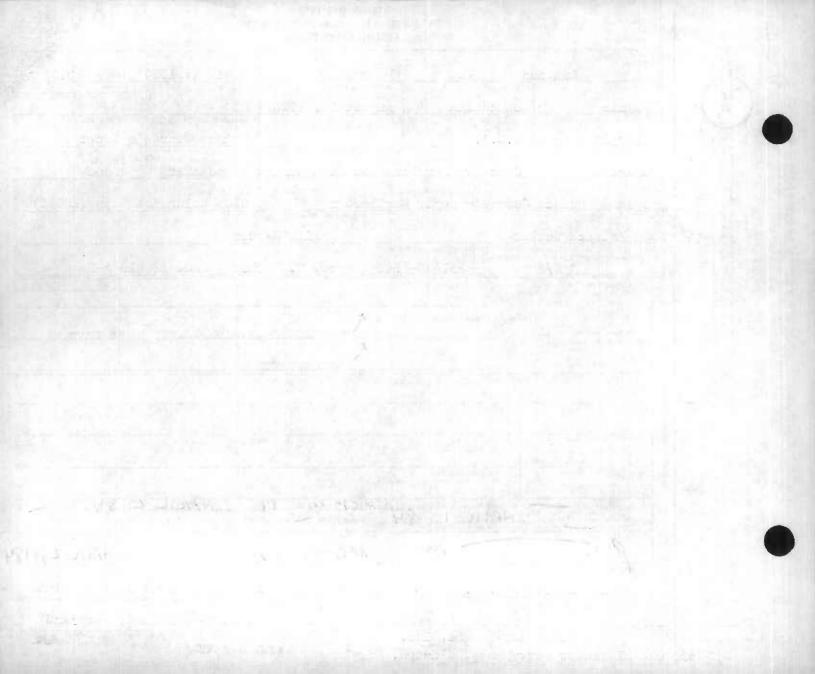
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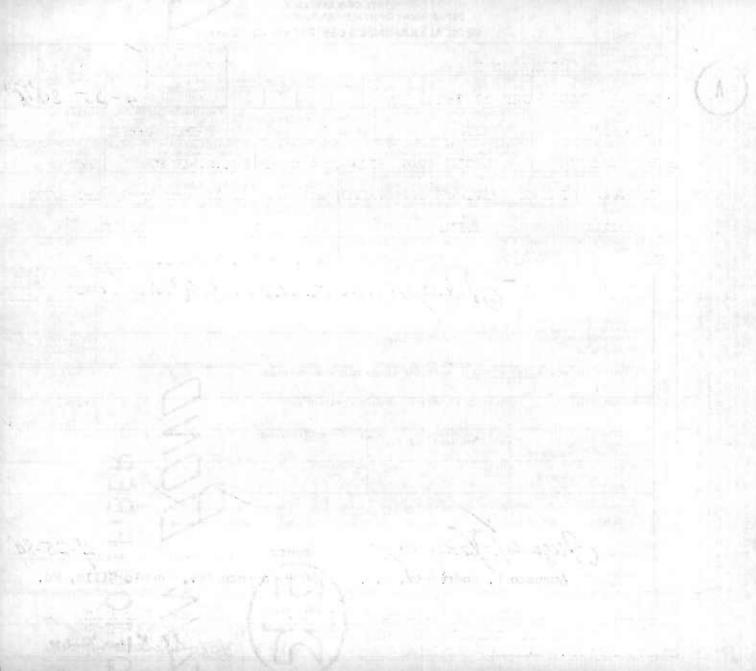
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		1		STATE OF MARYLAND	4
10	1		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYDIENE	
U			REGISTRAR FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. MIDDLE LAST LAST REG. NO.	
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	A 2 E 5 B	3. SE)	4 RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE NOTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2 MANGUE
v	1000		M RIK.	HU9, 20, 1926 5 7 YRS. DEAD Apri	12 19 CO DM
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	IS NECES.		1119,	U15.17. WIDOWED DIVORCED Dringe G	-6 8 2 60 MD.
7	- 単光田ダ/ //	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12b. KIND OF BUSINESS OR INDUSTRY
	DELAY N PAC S P F F I	1	-sure/	Gr. Laure Be Itsville A. A LABORER	
5	AIN PRINTER		TATE A 136 COU	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 134/CITY OR TOWN; 134. INSIDE (ITY LIMITS? 132. STREET ADDRESS// / ,	020707
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BALTIMORE	JRS AFTER DEATH. IF ANY DELY SELV SELVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P. I. PAGES 1 AND 2 SHOULD BE DIVISION OF WITH RECORDS.	.,	ES, NO, OLUMNOWN) (IPTES, GIV	219-12-2590 LAURA JONES (COUSIN) SAN	re A5#13
:			18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
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Riverdale, Maryland

Chambers Funeral Home

(VRA 15, 4)

STATE OF MARYLAND

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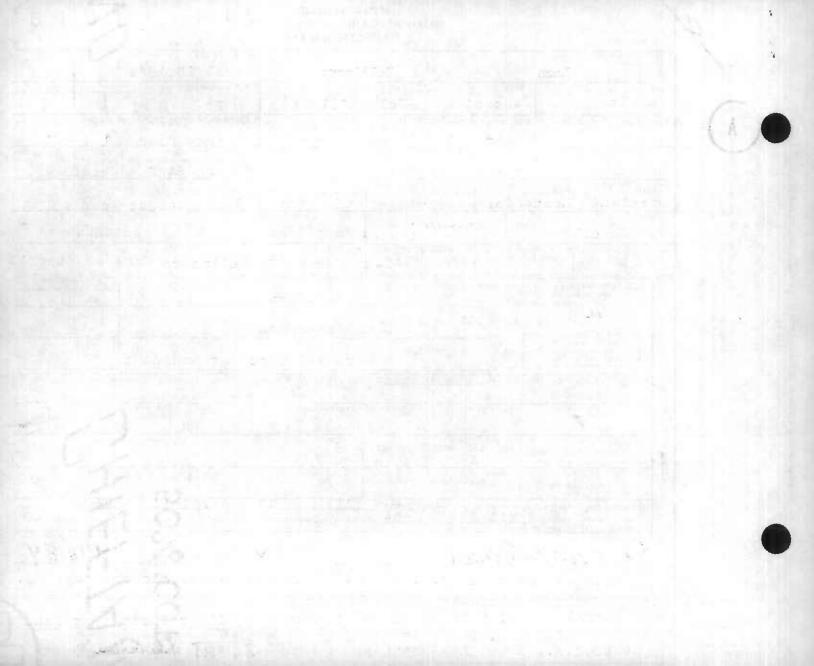
HOMES, P.A., ROCKVILLE, MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

STATE

(VRA 15, 4)



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TO HOSPITAL OR A retained by the hos to FUNERAL DIRECT Should be detoched with the Store Dept.		27b. SIGNATURE AMOS C 200 PHYSICIAN'S NAME (TYP)	4. Bro	www.	u)	GREE 22e. ADDRES	ATTENDING APHYSICIAN A	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	20-	182-	F/84
PP	230	BURIAL, CREMATION, REMOVA	236 DATE 4-27-1		AME OF CEA		CREMATORY	23d LOCATION CITY OR TOWN Brentwo	od P	r. G	eo.	STATE Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		FUNERAL DIRECTOR NAME Trancis Gasch's	Sons, P.	ADDRESS	-		25a DATE	O BY REGISTRA	R 25b. REC	GISTRAR'S	SIGNATI	JRE

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BP		BURIAL CREMATION, REMOVAL	23b. DATE 4-9-84	HARMOT	MEM PAR	23d LOCATION CIT OR TOWN LANC	OVER MD,	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	P	UNERAL DIRECTOR	N /	ADDRESS 661-6000	THE RO. SE. AP	R 1 1 1984	25h. REGISHAR'S SIGNINGURE Liha Davidson-Man	dess

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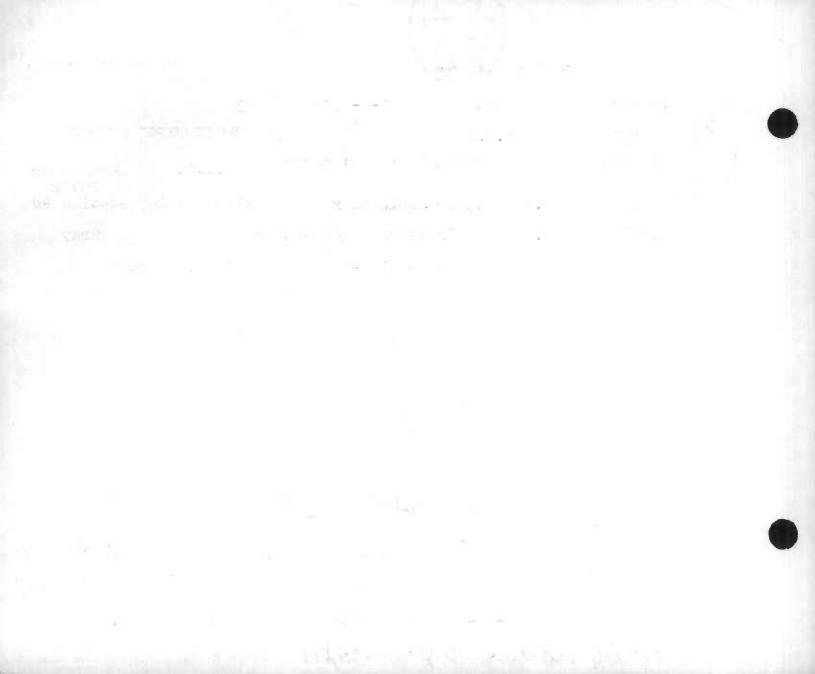
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH 7b. HOUR 04-23-84 10:25PM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S COUNTY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Hospital Worker 13e.STREET ADDRESS / ZIP CODE 6013 Kano Street MIDDLE Love Kanoe Street A Wallace-APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated CHEVERLY, MD Landover Md. GISTRAR 255 REGISTRAR'S SIGNATURE

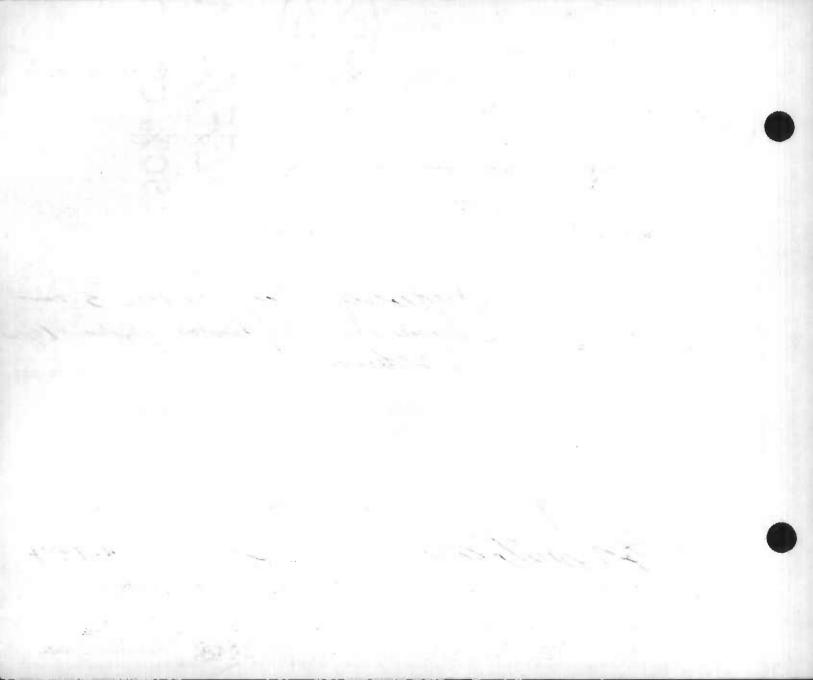


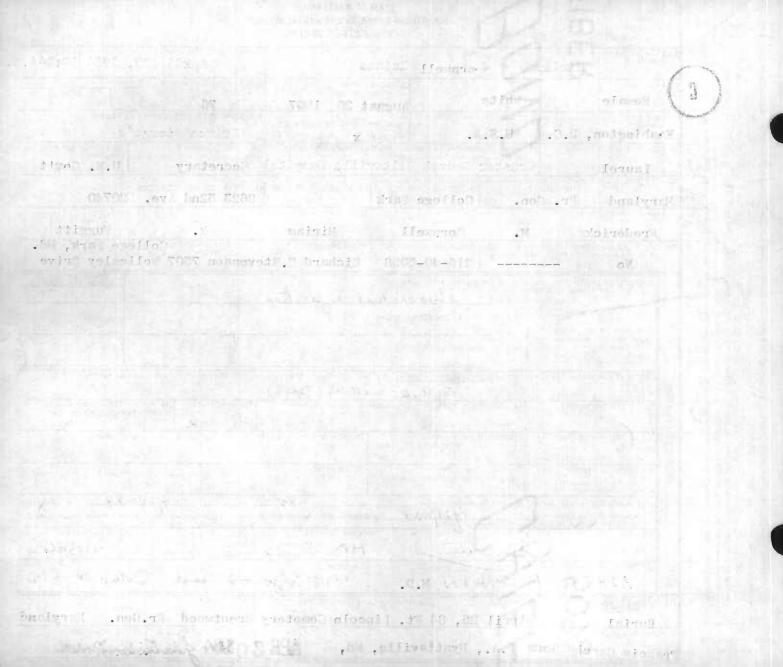
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	162
		CEASED NAME FIRST	MIGGIE	TAST	20. DATE OF DEATH MONTH	GAY YEAR 26. HOUR
poge 3 death	TYPE	EDNA	L. PROCTOR		04	16 84 1:45
od e	3. SE	х	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNGER TYEAR IF UNGER 24
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11 85	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
		Maryland	U.S.A	WIDOWED DIVORCED	PRINCE GEORGE	E'S COUNTY
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prior ta bu	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
riol-tronsit per ental Hygiene Item 18 shows	I E				YES NO	YES NO
T &		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TE	PART T OR PART 2)
Mental or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
ond M	AED	21d. INJURY OCCURRED	(AT HOME STREET FACTORY OFFICE	FARM ETC }	CITY OR TOWN	COUNTY STAT
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affar us af He n 21 is		sow the deceased all a group of the property (I) (we) (deceased all a group of the property)	view the bady ofter death.		death occurred on the date and he	
detached detached ote Dept.		27b. SIGNATURE	1 ()+	DEGREE ATTENDING	MEDICAL STAFF	22¢ DATE SIGNED
Stote ANT. H		11001) chul	PHYSICIAN	DIRECTOR PHYSICIAN	16APRILS
ORT.		224 PHYSICIAN'S NAME (TYPE OF ALL)	CHWATE	5711 SAKVIS	Ave 1506, River	dale MO207
0 % ½ ¾		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STAT
		Burial	4-18-84 R	esurrection Cem		P.G Md
M 4/83	24. F	UNERAL DIRECTOR	1 Proposes		E REC'D BY REGISTRAR 256 REGI	STRAR'S SIGNATURE
A 15, 4)		Martoll	and little	11 alon had AP	R 2 3 1984 White	Javidson Randelle



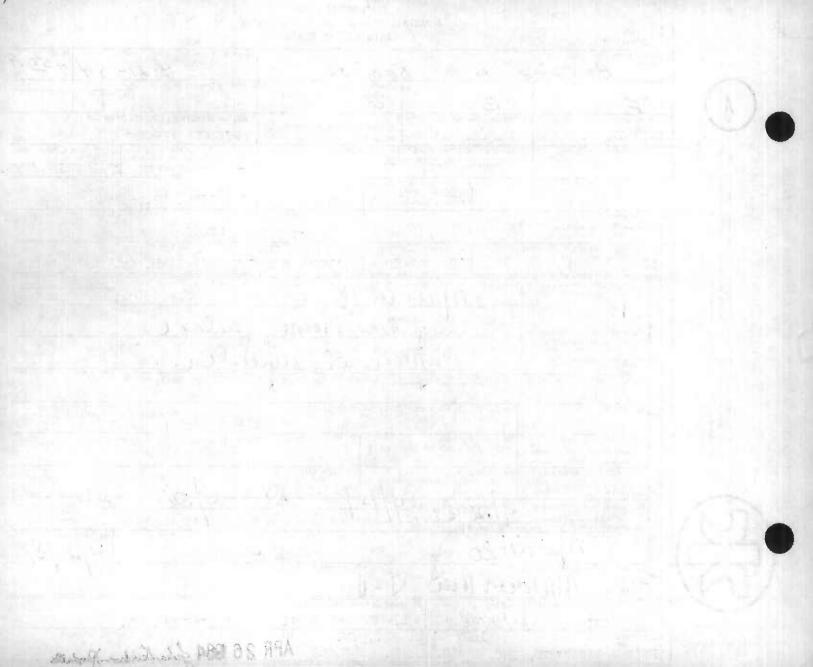
CERTIFICATE OF DEATH

FOR Item #5 G592 647/84 CWEPARTMENT OF HEALTH AND MENTAL HYGIENE



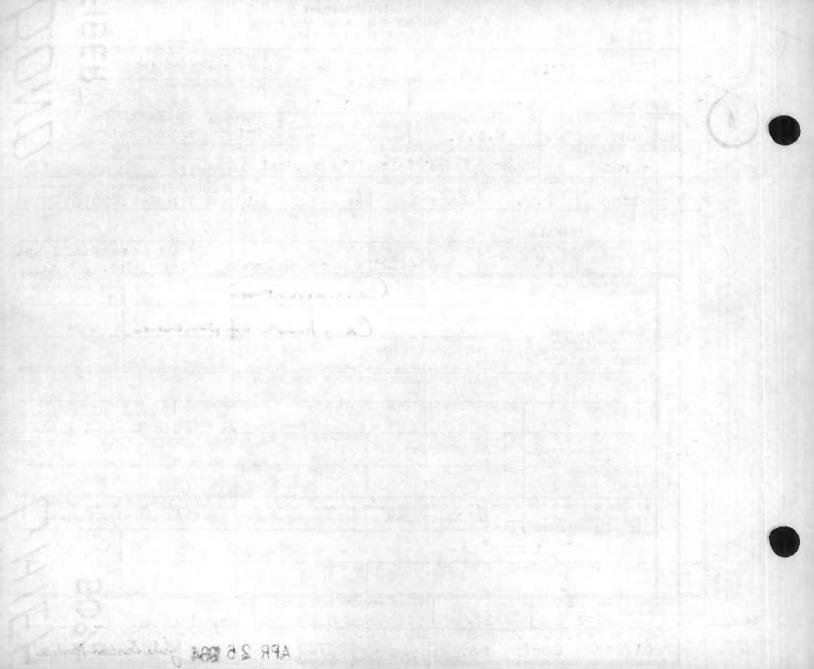


4	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 1 1 6 2 8
of the state of th	1. DECEASED NAME FIRST TYPE OR PRINT! BEATRICE	L. REDDICK	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 4-21-84 750 A
		3. DATE OF BIRTH March 24,1895 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE STATE OR FOREIGN 76. C VIRGINIA	U.S.A. WIDOWER DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE
offer de	10	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LINTON COMMUNITY	17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fed. Government NAVY DEPT. (RET.
ND 2120. ND	USUAL RESIDENCE (IF MURSING HOLD OF THE 130. STATE	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN WASH., D.C. YES X NO	13. STREET ADDRESS 6205 16TH. ST., N. W. 99999
MARYLA ed within mpletely and 2 sh	14. FATHER'S NAME WHITMAN HICKS	LAST LAST MARGAR	
IMORE, In ond co	160 WAS DECEASED EVER IN U.S. ARMED NO OR UNKNOWN) 1 F YES, GIVE WA	OR DATES)	. ADDRESS KETT 6205 16th. St., N.W. D. C.
RDS, 201 W. PRESTON ST., BA equires that the deoth certificat is signed by the ottending physis. Then please remove corbonopop to burial, cremation, or removo	18. CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE C. Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS ACHISOUENCE OF COLOR CONSTRUCTION OF AS ACHISOUENCE OF COLOR COL	deuler MINAL DISEASE OR CONDITION GIVEN IN PART 110
AL RECO	19g. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES □ NO □
DIVISION OF VITATION OF VITATION OF PHYSICIAN: TENDING PHYSICIAN: TOR! of outerflicing physicians of the buriol-tronsit for use of the buriol-tronsit of Heolih ond Mentol Hyg of Heolih ond Mentol Hyg 21 is morked or item 18 etc.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22u.1 certify that (I) (this hospital) sow the deceased alive on	HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET and mot in (my) (our) againing	COUNTY STATE COUNTY STATE To to 19 On the date and hour and from the causes stated
HOSPITAL OR A' ined by the hosp FUNERAL DIREC uld be detached in the State Dept. ORTANT: If hem	above, (1) (we) (dide) (dide not) vie 274 SIGNATURE 274 PHYSICIAN'S NAME (TYPE GRPRII) Den MALA	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 122. DATE SIGNED
199999	(SPECIFY)	D. DATE 23C, NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL	23d. LOCATION CITY OR TOWN COUNTY STATE ARLINGTON, VA.
DHMH - 16 50M 4/B2 (VRA 15, 4)	NAME		TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



101-1 V	FOR		1		EALTH AND MENTA	L HYGIENE	11600
3/	- STATE REGISTR	AR	ME		ER'S CERTIFICATE	OFDEATH	G. NO. 0 2 9
A	1. DECEASED (TYPE OR PRINT)			Henry	Remmer	20. DATE KNOW OF ESTI- DEATH MATE	1 . 110
ARY, PLE S DIRECTO FOUR FILES V 72 HOUR	3. SEX Male	4. RACE White	5. DATE OF BIRTH	YEAR LAST BIRTHDA	RS IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	MONTH DAY YEAR 28 HOUR
ECESSARY, INERAL DIR. FOR YOUR	Germa	NTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED NEVER MA	ARRIED .	George's County MD.
PAGE 5	Laur		19 Pos	t Office Ave		120. USUAL OCCUPATION FOR MOST OF WORKING LIFE Painter	Construction
21201 F ANY D AND 3 RETAIN RECORD	JOL STATE Maryl	I I3b. COU	YTY	Laurel	13d. INSIDE CITY LIMIT	19 Post Of	20707 fice Ave. Apt-#102
26 M. 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	14 FATHER'S FIRST Adol	f	WIDDIE	Remmer	IS. MOTHER'S MA		Unknown
RS ATTIMORE. RS ATTIMORE. R GIVE PAGES WITH FORM P I. PAGES I 'N DIVISION OF	160. WAS DEC (YES, NO. OR NO	EASED EVER IN U.S. AR UNKNOWN) (IF YES, GIVI	(MED FORCES? E WAR OR DATES)	577 05 12			y Falls Ch. Va.
L RECORDS, 201 W. PRESTON ST JUD BE EXECUTED WITHIN 24 HO "PENDING" IN PENCIL INTERNIT F MEDICAL EXAMINER ALONG ED AS A BURIAL-TRANSIT PENGINE HEALTH AND MET TALL HORDER AL, CREMATION, OR PEMOVAL	go cor lyir PART 2 0	nditions, if any, which we rise to immediate use (a) stating the <u>under</u> g cause last.	(b)	R AS A CONSEQUENCE O		N PART 1 (a)	
SHO CHIE	210.EX	TE OF OPERATION POR CENNAL CAUSE WAS	21b. TIME C		ATION WAS PERFORMED?	RRED (ENTER NATURE OF INJURY IN 11	2D AUTOPSY? YES NOTE: N
DIVISION IIS CERTIFIC WRITING TH ARDED TO 1 ARDED TO 1 ARDED ARDED 201 PRIOR 1	S UNDER	LYING OR IBUTING CAUSE OF URY OCCURRED NOT WHILE AT WORK	DEATH P.		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PARTIMONE, MARYLAND, 21	death ACTUA SIGNA	resulted from: Note	ge of the remains do prol couses	Roger	Autopsy , Inspective Hamicide TITLE (SPECIFY M.D. D STANDERSS 191	Undetermined manner MEDICAL EXAMINER	DATE OF L 2/984 Sil. Spgs, Md.
BATTE PAGE		REMATION, REMOVAL	23b. DATE Apr. 9, 19		AETERY OR CREMATORY Coln Cemetery	23d. LOCATION CITY OF TOWN Brentwood	P.G. Maryland
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	74 FUNERAL		г.н. Р. Ж.	Hyatts. Md.	20781	PERECULA PEGISTRAR 25	REGISTRATES SIGNATURE

mointon and the mointenance of The state of the same to the AFF 20 Last | tree mineral C. melor with the West John S. Dogova, Mark Commission of the Commission of the Sala Sagar Midthe Level Total "The Charles" restand to Maryland E. CHOLLE CONCUE, I. U.A. UVELLO, NO. 20281 -CF . See phase of the concentration



11800 N.H. Ave.,

Silver Spring, Md.

250. DATE REC'D.

BY REGISTRAR 256 REGISTRAR'S SIGNATUR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Hines Rinaldi Funeral Home

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

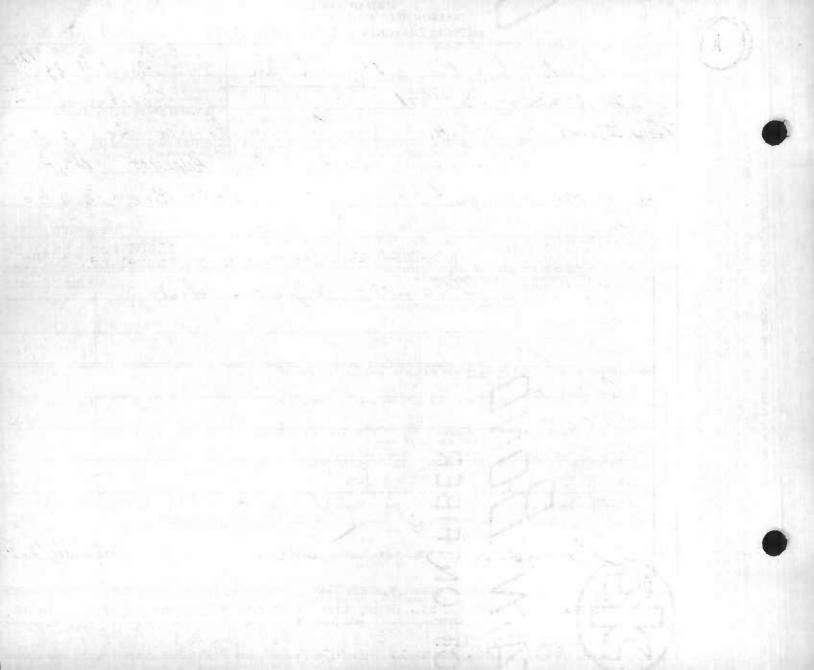
REG. NO



	1-	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE LAST LAST 120. DATE OF DEATH MONTH DATE							
Chi.		CEASED NAME FIRST OR PRINT) Vinn		G.		ROBEY	4/21/84 4:46				
ン	3. SE	Female	Whit	е	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.	
Sold Street		RTHPLACE (STATE OR FOREIG DUNTRY) irginia	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED D	PRINCE GET			, MD.	
20		TY OR TOWN OF DEATH	SOUT	HERN MARY	EAND	DR OTHER INSTITUTION HOSPITAL	OTTO CTE TO COLUMN TO CTE TO C	ON EWORKING LIFE)	126. KIND O INDUSTRY Dept	of Arn	
75	13a S		OME OR OTHER INSTITUTION COUNTY Pr George	N. GIVE RESIDENCE BEFOR 13c CITY OR TOW Capito	/N	134: INSIDE CITY LIMITS? SYES NO	13. SIREET ADDRESS A	zip code sen A	venue	1743	
11/60		John		Wiley		15. MOTHER'S MAIDEN NAM Quincie	WIDDIE		homas	ī	
S. Poger		VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	unk	JRITY NO.	James Prin	ce Sul		dolph Md	Road	
Then please remove carbor to burial, cremotion, or rinjury, or other troumatic) NOI	Conditions, if ony, whi gove rise to immedio couse [0], stofting II underlying couse lo	ch (b)_ te he	OR AS A CONSEQUED OR AS A CONSEQUED CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	0'	
sham ony	CERTIFICATION	19a DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH? NO	
this certificate buriol-transitions in Mental Hyginal or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICALEX. 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	OF DEATH AMINER) HOUR A 21e. PLACE	OF INJURY A.M. MONTH D P.M. OF INJURY TREET, FACTORY, OFFICE	19	21t. HOW INJURY OCCURR 21f LOCATION STREET	ED (ENTER NATURE OF INJU CITY OR TO		RT 1 OR PART 2}	STATE	
should be detached for use as swith the State Dept. of Health o IMPORTANT: If them 21 is mark		220.1 certify that (I) (the saw the deceased oil obove, (Nunctidial) (control of the same	borpitol) ottended to ve on did not) view the bod			DEGREE ATTENDING PHYSICIAN 122e. ADDRESS 6188 OXON	MEDICAL STAI	F IAN 🗌	-	SIGNED	
48 38		BURIAL, CREMATION, REMI SPECIFY) Burial		CONTRACTOR OF THE PARTY OF THE		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	shing	COUNTY	DC	
50M 4/83	24 F	UNERAL DIRECTOR	t E. Wil	helm ADDRESS	Suitl	and, Md PR	E REC'D. BY REGIST	THE REGISTR	AR'S LIGHAL		

DI ABA M 17-30-17 A Vasant St. ANN a shorten and sha 18 esty 18 111 18 esty MARCH TO FRANCE AREA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN Rondeau LIVEE OR PRINT! DEATH MATED SEX 6 AGE (IN YEARS IF LINDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD YRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED ID CITY OR TOWN OF DEATH HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20707 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Aime Rondeau Lillian Turcotte ADDRESS 15406 Bond Mill Rd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! 039-26-0712 No. Rita H. Rondeau Laurel, Md. 20707 CAUSE OF DEATH (Enter only one cause per line for (a) b), and (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BUR! YES 🗌 VARDED TO THE CHACE 3 SHOULD BE LATE DEPARTMENT C 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 71c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. III LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.1 STATE CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 Inspection D 27a I certify that I toak charge of the remains described above, held an Autopsy Inquiry and in my apinian Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ERS NAME THE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236 DATE 4/14/84 234 NAME OF CEMETERY OF CREMATORY STATE BEILINGHAM, Norfolk, Mass. BP FLECK FUNERAL HOME ADDRESTING. 1256 REGISTRAR'S SIGNATURE A MY DHMH - 17 (VR A15 ME (5)) 7601 Sandy Spring Rd. Laurel, Md. 20707 20M 4/82



(VRA 15, 4)

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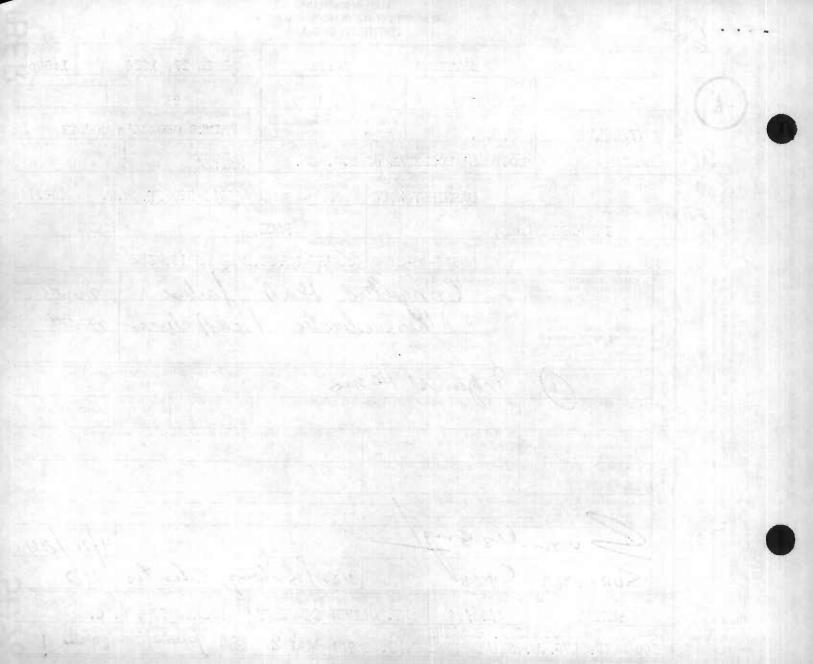
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500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



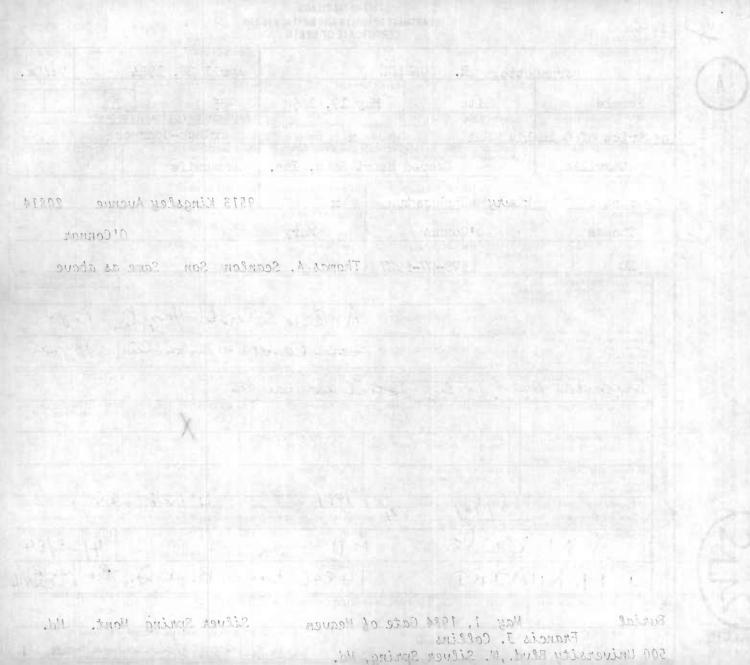
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH Donald "Calvert Rive 26 HOUR TYPE OR PRINTS DONALD 84 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX MONTHS DAYS Male Cau. Aug. 1944 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. PriNce. Maryland DIVORCED [10 CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR Supervisor INDUSTRY D.C. Gov't ISUAL RESIDENCE IN NURSING HOW OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

30 STATE 130, COUNTY 134, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland 14601 Duckett Road 20613 P.G Brandvwine NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mary Catherine Calvert Quade 160 WAS DECEASED EVER IN U.S. 166 SOCIAL SECURITY NO 17 INFORMANT 214-42-562h Carolyn Sup Rye same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c ARDIO RESPIRATORY ARREST PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF ARTERY DISEASE CORONARY Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF CONGESTINE HEART FAILURG couse (o), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ARRHYTHMIA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 10 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) APRILL 220.1 certify that (1) (this hospital) attended the deceased from_ STAPRIC 19 34, and that in (w) (our) opinion death occurred on the date and hour and from the couses stated saw the deceased alive an abave, (1) (we) 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN CREANT 22e ADDRESS 72d PHYSICIAN'S NAME LITTE OF PRINT 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 4-17-84 Trinity Mem.Gardens Waldorf Charles APR 1 6 1984 White Day doon - Kind of DHAM - 16 SOM 4/83 Hunt't Funeral Home, Waldorf, Maryland (VRA 1544)

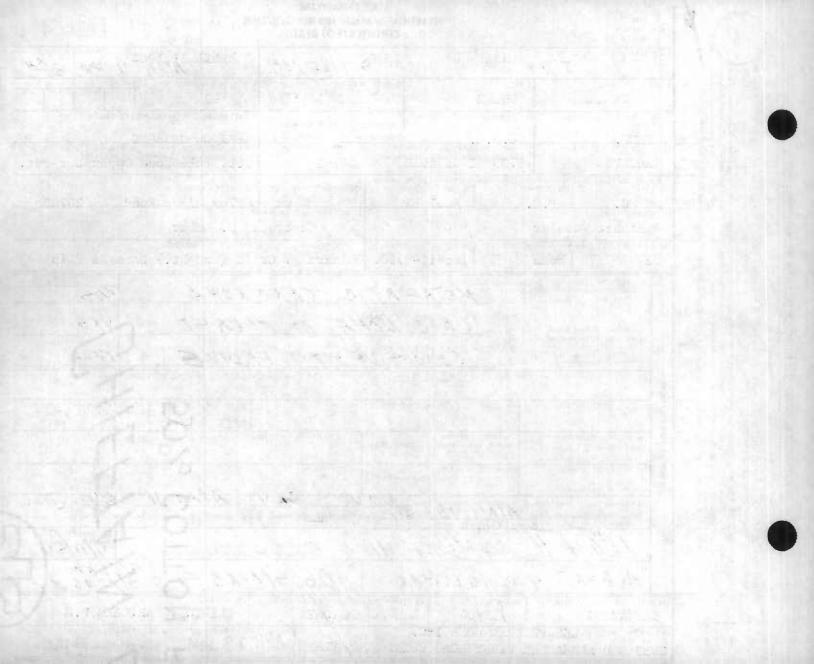
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BX	1-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
and house		DECEASED NAME JUNE MARIE MARIE SCHLENN 20. DATE OF DEATH 1 MONTH 198								YEAR 26 HOUR AM M
ge 4 mos	3. SE	× FEMALE		WHITE		S. DATE C	OBER ^{AY} 14, 1894	6. AGE (IN YEARS LA	ST BIRTHDAY) VRS.	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
norol direction of 72 hours	(RTHPLACE STATE OR FO	DREIGN 7	ILS.A	WHAT COUN	TRY? 8 MARRIE WIDOWE	NEVER MARRIED		GEORGES	OF DEATH MD.
oy the fur	10 C	ADELPHI	тн 1			JRSING HOME	20783	12a. USUAL OCCU	PATION	126 KIND OF BUSINESS OR INDUSTRY PPERATOR Pvt.
MARYLAND 2121 ed within 24 hour mplerety filled in to end 2 should be fi	13a. S	AL RESIDENCE (IF NURSING TATE Md. ATHER'S NAME Albert Fest	13b. COUN'	TY	GIVE RESIDENCE 13c. CITY OR Adel	phi	13d. INSIDE CITY LIMITS? YES NO DX 15. MOTHER'S MAIDEN N GETTI	9703 Ri	ggs Road	20783
mond co	16a V	WAS DECEASED EVER I VES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)		SECURITY NO. 4-8718.	Claire A. (sht.) San	ne As # 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours in offending physician and completely filled in by os the buriol-transit permit. Then please remove corban papers. Page 1 and 2 should be filled that mental hygiene prior to buriol, cremotion, or removal. Our of them 18 shows any injury, or other froumatic event, the medical was a grant mashbe for the correct or them.	NO	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which ediote the lost.	DUE TO, O (b) DUE TO, O (c)	RASASPYE RASACONS	SEQUENCE OF	MA OF AT NOT RELATED TO THE TE	CINOMA BLEAS EA/LUVE RMINAL DISEASE OR G	<u> </u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WOS. VKS- DA-CAS N IN PART 11a
AL RECOR	MEDICAL CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
DIVISION OF VITA The Open of Physician of P		21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY AT WORK NOTIFY AT WOR	AUSE OF DEAL ALEXAMINER) ED	P. 21e PLACE (AT HOME STI	M. MONTH M. OF INJURY REET, FACTORY O	FFICE FARM ETC)	21c. HOW INJURY OCCI		OR TOWN	COUNTY STATE
O HOSPITAL OR ATTEND efformed by the hospital of TO FUNERAL DIRECTOR. I should be detoched for use with the State Dept. of Head WHOSTANT: if them 21 is many or the state of t		27a.1 certify that (1) sow the decease above, (1) (way) (d 27b. SIGNATUPE) 27d. PHYSICIAN'S NA	d alive on id) (did not	yiew the body	410	1984 Sn MI	DEGREE ATTENDING		STAFF	9 7, that (I) (we) lost and from the causes stated 21, DATE SIGNED
BP	C	BURIAL, CREMATION, I		23b. DATE 4/12/		LEE"SCI	EMETERY OR CREMATOR REMATORY	CLINT	ÖN, MARYI	
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR L	EE FU XANDE	NERAL H	IOME IN	C. CLINTON	MARYLAND 250 A	PR 1 3 1984	RAR 256. REGISTR	AR'S SIGNATURE widson-Randell ,



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE KNOWN DE MONTH (TYPE OR PRINT) ESTI-DEATH MATED SEX IF UNDER 1 YR. 6. AGE IN YEAR IF UNDER 24 HRS 2c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED DEAD YRS BIRTHPLACE 9. BALTIMORE OTY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS MASSACHUSETTS UNITED STATES WIDOWED [DIVORCED L B. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! HOUSEWIFE OWN HOME MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Da STATE 136 COUNTY 13d. INSIDE CITY LIMITS? SUFFOLK YES X NO FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST FLAHERTY JOHN CADY MARY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 28 EASTBURN ST. (IF YES, GIVE WAR OR DATES) BRIGHTON, MASS. 02135 012-10-3713 WINFIELD SCOTT NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MEAL, CREMATION, BURIALlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 on 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? ARDED TO THE CHIEF A AGE 3 SHOULD BE USED ATE DEPARTMENT OF HE 1201 PRIOR TO BURIAL, 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR L OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 21L LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC 1 STREET CITY OF TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFFER DEATH WITH THE ST. BALLMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autapsy Inspection C and in my apinion Inquiry death resulted fram Hamicide L Undetermined manner Natural causes Accident TITLE (SPECIFY) SIGNATURE FXAMINER TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23E. NAME OF CEMETERY OR CREMATORY COUNTY WEST ROXBURY, MASSACHUSETTS BURIAL ST. JOSEPH CEMETERY APRIL 9.1984 24 FUNERAL DIRECTOR 2847 WILSON BLVD. 250, DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH** - 17 IVES-PEARSON FUNERAL HOMES ARLINGTON, VIRGINIA (VR A15 ME (5))

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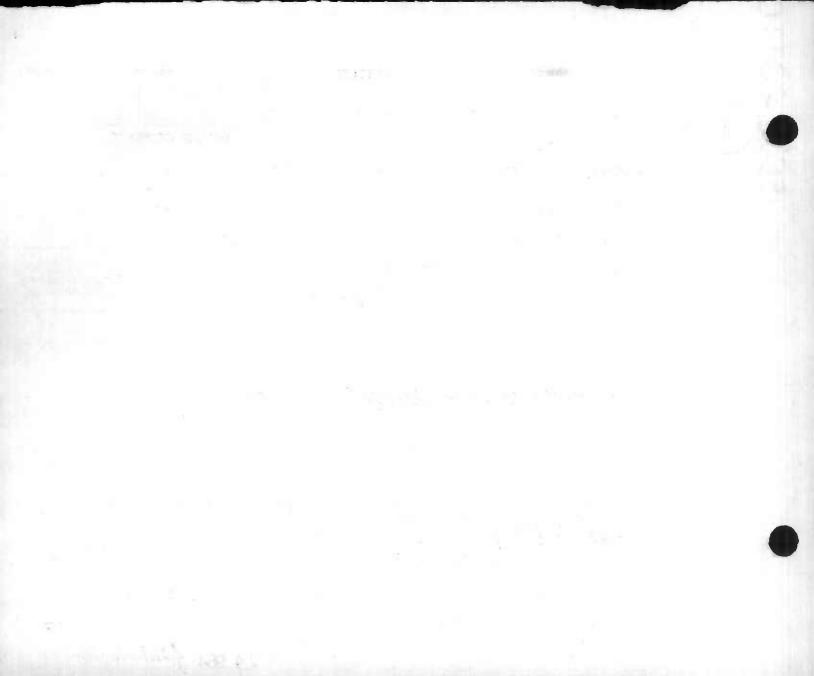
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-HERBERT H. SHACKELFORD DEATH MATED . SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. DATE July 29. PRONOUNCED Male White Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Prince Georges WIDOWED [DIVORCED B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 Retired A Oberator Cheverly Heavy Equiptment Goverment Prince Georges General Hospital USUAL RESIDENCE (IF IN NUNSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Hyattsville 7101 Greenvale Parkway 20784 Maryland Prince Geo. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Carroll Shackelford Emma J. Abel 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 577 38 2572 Evelvn V. Shackleford Same as #13 (Wife) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if dny, which gave rise to immediate cause (a) stoting the under-·Ivina cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 28 AUTOPSY? YES [] NO X E B 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY TATHOME. 211 LOCATION 71d IN JURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK Inspection D 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Natural causes death resulted fram-Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUD TO FUNERAL D AFTER DEATH, BALTIMORE, XAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE Maryland Burial Brentwood P.G. 5/4/84 Ft. Lincoln Cemetery "Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** Hvattsville, Maryland 20781 (VR A15 ME (5)) 20M 4/82

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I DECEASED NAME

REGISTRAR

Prince Georges 120 USUAL OCCUPATION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY Chemical Engineer Standard Bran Brands 13e STREET ADDRESS / ZIP CODE BT 8605 Old Brance Ave. 20735 LAST ADDRESS Arthur Shaver Jr. 8607 Old Branch Ave Arthur Shaver Jr. Clinton, MAryland 20735 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PANCREAS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h JEYES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE CITY OR LOWN and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED 4/30/84 PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS 9015 Woodyard Road 20735 Burial 5/3/84 Clinton P.G. Maryland Resurrection Cemetery 24 FUNERAL DIRECTOR Lee Funeral Home Inc. DHMH - 16 50M 4/83 Julia Davidson-Randall 6633 Old Alexander Ferry Road Clinton, Md. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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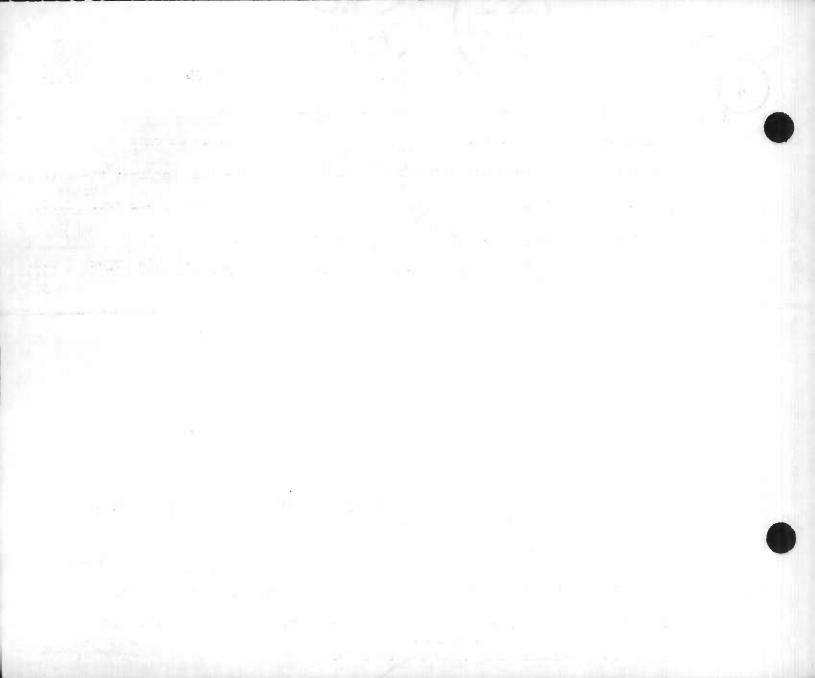
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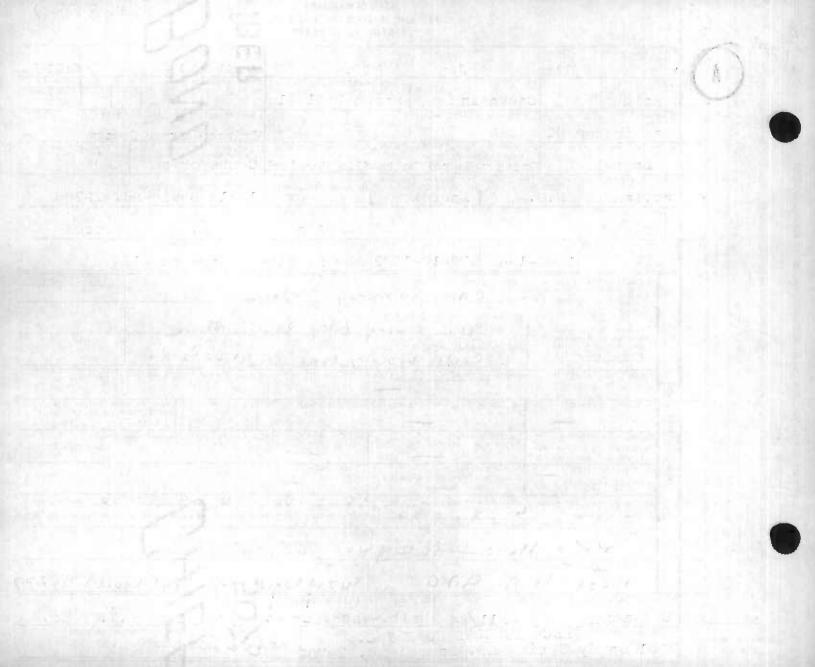
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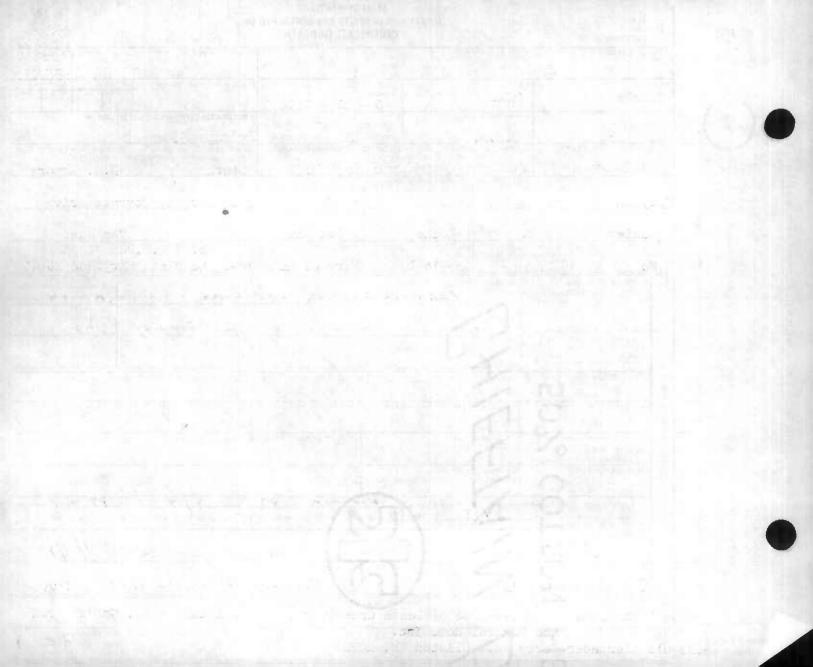
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S NECESSARY PLEASE E FUNERAL DIRECTOR E S FOR YOUR FILES D, WITHIN 72 HOURS WERSTON STREET	M	RTHPLACE (STATE OR REIGN COUNTRY) aryland TY OR TOWN OF DE		USA	AT COUNTRY? 8. MA	RRIED NEVER MARI	CED Prince George	e's County, MD
PAGIN)	Upper Mar	rlboro	F NOT IN SUCH FACE 8421	Thornberry D		176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Disabled	OR INDUSTRY N/A
AND 3 AND 3 RETAIL HOULD	13e S1	L RESIDENCE (FINN TATE Tyland	131 COUNTY Pr. Get		ERSIDENCE BEFORE ADMISSION) 134. CITY OR TOWN Upper Marlbor	YES X NO	Street ADDRESS 8421 West Thornbe	erry Dr. 20772
S 1, 2, PM 3. WD 2 S		THER'S NAME Nick	MIDI		Smyrnas	15. MOTHER'S MAID Jean	M.	Sutcliffe
URS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 A DIVISION OF	{YI	AS DECEASED EVER (S, NO, OR UNKNOWN)	Viet N	R DATES)	166. SOCIAL SECURITY NO. 577-58-7388	Nick P. S	ADDRESS Smyrnas same as item	13
LD BE EXECUTED WITHIN 24 HOPENDING" IN PENCIL IN ITEM 1 MEDICAL EXAMINER ALONG DASA B URIAL - TRANSIT PERM LEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NO	Conditions, if gave rise to cause (a) statin lying cause lost	immediate g the <u>under</u> -	(b)	AS A CONSEQUENCE OF	EASE OR CONDITION GIVEN IN P	ART 1 o	
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OND "PER CHIEF ME E USED A TOF HEA JRIAL, CI	TIFIC			1				YES XX NO
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THICATE SHOUL G THE WORD "F TO THE CHIEF HOULD BE USED ARTIMENT OF H	MEDICAL CERTIFIC.	UNDERLYING	OR CAUSE OF DEATH RRED	HOUR A.M. P.M. 21e PLACE O	MONTH DAY YEAR	HOW INJURY OCCURR LOCATION STREET		Abda
TO MEDICAL EXAMINER: THIS GERTIFICATE SHOULD I EXECUTE THE GERTIFICATE, WRITING THE WORD "PER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF M TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEA BACKIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CI	MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING TILL INJURY OCCUP WHILE NOT AT WORK AT WORK	OR CAUSE OF DEATH RRED I WHILE WORK I taak charge of to	HOUR A.M. P.M. PLACE O STREET, FACTO he remains desc	MONTH DAY YEAR 19 FINJURY (ATHOME, 21f. 21f.	tocation sireet topsy M. Inspection Hamicide Title (SPECIFY) M.D. Assistant	on , Inquiry , and in my o	OUNTY STATE Opinion ENED 4/9/84

5.5 Largend In. George Upper Parlicence : Claim test Charmberry In. 20172 Vist Num . 577-56-13dd tev E. Daystis Numb as item 13 May warpland "eterod Sepatent Ubeltenham F.D. aul d. ... I'M o'the brown Till o. mote 121, 6. 178 3'2 Till glober Theless.

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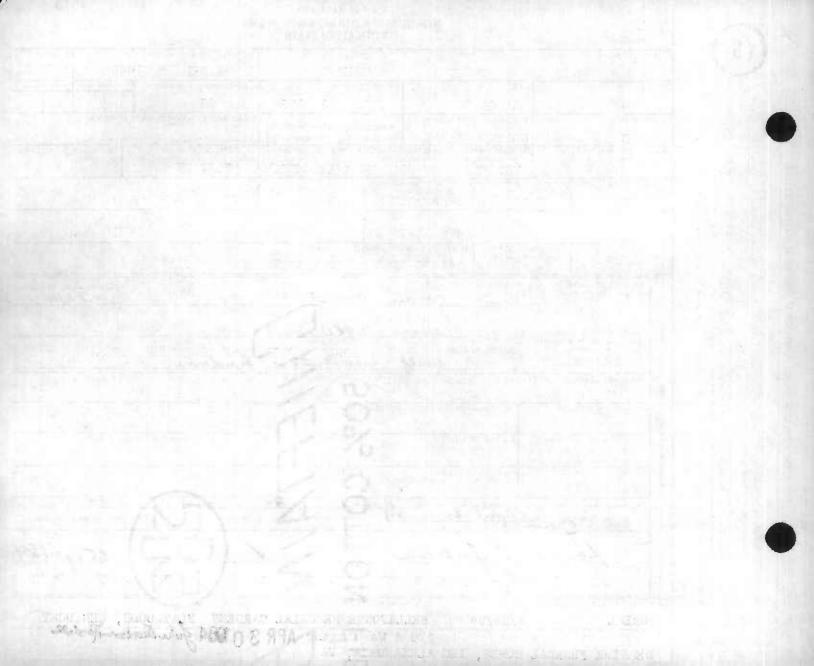
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70	BIRTHPLACE FOREIGN COUN	(STATE OR		76. CITIZEN OF	WHAT COUN	ITRY?	MARRIE WIDOWI		VER MARR				y <u>or</u> cou eorge		County	J. MD.
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+	EXAMINI (TYPE OF	ER'S NAMI R PRINT)	Denr	nis F. Sr	myth,	M.D		ADDRESS_	111	Pen	n St	. Ba	lto.,	MD.		
73	BUHIALCRI	EMATION,	REMOVAL 2	36. DATE 4/14/84		ARMO AL				CITY	CATION OR TOWN	D ON		OUNTY G.	MA. SI	TATE
24	FUNERAL D	IRECTOR							250. DATE				EGISTRAR'S	SSIGNA	TURE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 2h. HOUR

REGISTRAR DECEASED NAME 2a DATE OF DEATH FIRST (TYPE OR PRINT) MARY STINSON 04-26-84 1:50AM LENA 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 95 FEMALE WHITE 88 TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ALABAMA PRINCE GEORGE'S COUNTY U.S.A. U.S.A. | WIDOWED D DIVORCED IO CITY OF TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE SEAMSTRESS GARMENT PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 113d INSIDE CITY LIMITS? PRINCE GEORG MD 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME **JAMES** FANNTE MAE BONEY HÄRRTSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT N/A NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-10**-**9986A MR. JAMES W. LAWS, TEMPLE HILLS, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ICH CARDIOPULMONARY_ARREST PART I. DEATH WAS CAUSED BY Speratory CORONARY ARTERY DISEASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STATE AT HOME STREET FACTORY OFFICE FARM ETC) WHILE NOT WHILE 220 | certify that (I) (this hospital) attended the deceased from (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY BURTAL CLINTON, PRINCE GEORGE, MD

DHMH - 16 50M 4/83 (VRA 15, 4)

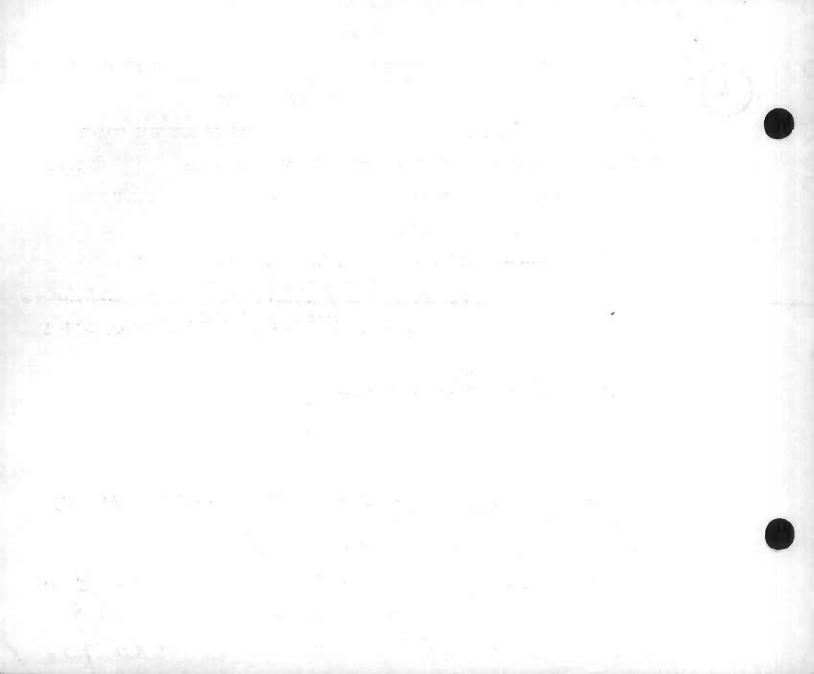
24 FUNERAL DIRECTOR

4-28-84

RESURRECTION CEMETERY

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE LEE FUNERAL HOME, INC.

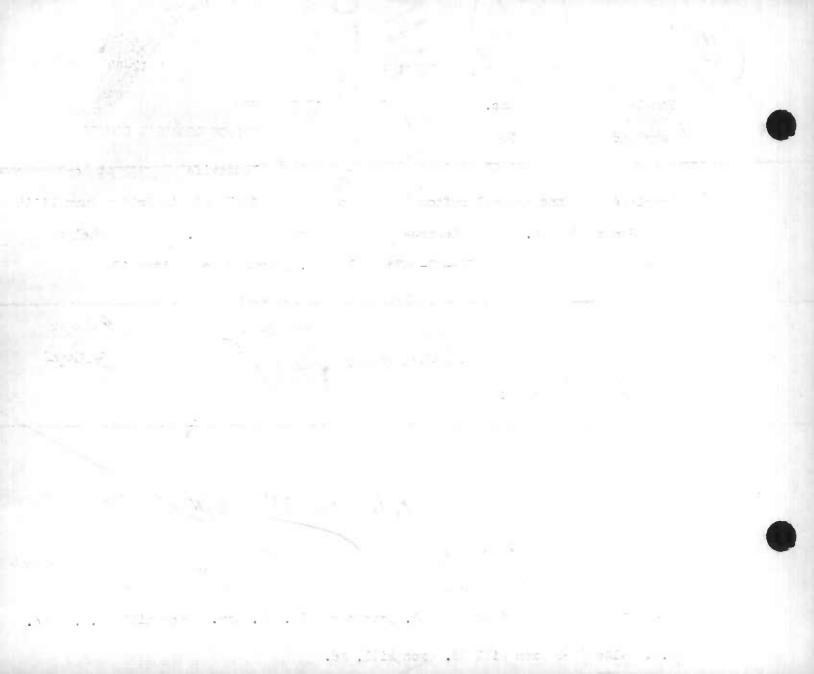
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN LUMB OF MINUS STONFR DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1-21-02 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISLATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREXON COUNTRY U.S.A. WIDOWED D Prince George's Illinois DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Iriul Letter Carrier Rostal Service 113b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's 3721 Donnell Drive (20747) Forestville YESXX NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ezra T. Stoner Mary Unknown 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 31004Polesvelace Court 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) Valerie Furnari Waldorf, Maryland 20601 577-46-0183 WWT 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c).) AS CAUSED BY: PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES . NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY 27a. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes Accident ___ Suicide Hamicide Undetermined manner TITLE (SPECIFY) 4-16-84 We Deputy EXAMINER'S NAME Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills. Md. 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION April 19, 1984 Maryland National Memorial Park Laurel, Maryland Lee Funeral Home, Inc. 24 FUNERAL DIRECTOR Adia Davidson OHMH-17 (VR A15 ME (5)6633 Old Alexander Ferry Road, Clinton, Maryland ADDRESS 20M 4/B2

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3	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE REG. NO.	1 6 6 1
be be age and death	(TYPE		DRGE MIDDLE	TAYLOR	20. DATE OF DEATH MONTH	DAY YEAR 2b, HOUR
	3. SE	MALE PTHPLACE ASSAULT OR SORS VIN. 17	BIACK BIACK LOUITEN OF WHAT COUNTR	5. DATE OF SIRTH	6. AGE (INTYEARS LAST BIRTHDAY) 85 YRS. 9. BALTIMORE CITY OR COUNT	MONTHS DAYS HOURS MIN.
	Sa	COUNTRY) H CAROLIN	7 USA	MARRIED NEVER MARRIED !- WIDOWED DIVORCED [SING HOME OR OTHER INSTITUTION	Prince George 120 USUAL OCCUPATION PORTING LEGELS OF WORK FOR 1995 OF WORKING LEGELS	S County MD.
4D 21201 24 hours off lied in by th old be filed.		AL RESIDENCE IN NURSING HOME OR COTTATE ISTRICT OF COUNTY	Fort WASHIA	ORE ADMISSION) INN 138. INSIDE CITY LIMITS?	GOIEK Engine	ek 29999
MARYLAN sed within 5 ompletely fi	14. FA	ATHER'S NAME MACK TA	NODIE LAST	15 MOTHER'S MAIDEN MARY C		LAST
LTIMORE, be execut			WAR OR DATES) 242 07	3416 GEORGIA	TAY/OR-WIT	e 44 Franklin
RDS, 201 W. PRESTON ST., BA equires that the death certifical sugned by the offending physis. Then please remove carbon popt to buriol, cremotion, or removal niury, or other troumatic event, it	NO	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if only, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO.	OBY: CAUSE (o) DUE TO, OR AS A CONSEC (b) DUE TO, OR AS A CONSEC	67 am regities	la accident	BETWEEN ONSET AND DEATH ### ANT. 3 MOT.
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
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OR ATTENDING e hospitol or or DIRECTOR: Afti uched for use os Dept. of Health f hem 21 is mort		220. I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (diel) failed need to SIGNATURE	april 13 19	DEGREE Out of the desired of the desired out of the	on death occurred on the date and ha	ur and from the couses stated
HOSPITAL sined by th FUNERAL vold be dete the store the the Store OORTANT: H		77d PHYSICIAN'S NAME (YPE OF	1 / /			
9999	E	BURIAL, CREMATION LEMOVAL SPECIFY) BUrial UNERAL DIRECTOR	0/1	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	hington, D.C.
DHMH - 16 50M 4/B2 (VRA 15, 4)		Stewart Funer	al Home-400	Benning Road	8 23 184 dela Tai	down Bondo .

DEPARTMENT OF HEALTH AND MENTAL HYGIPNE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN MIDDLE DECEASED NAME MONTH 7b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 30 10 84 NORVAL IRVING TAYMAN 4 4. RACE AGE (IN YEARS IF UNDER TYR. 5 DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 84 lale Caucasi an DEAD 176 19 June 9, 1919 L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED XX NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Prince Georges

12a USUAL OCCUPATION (TYPE OF WORK 1/26 KIND OF BUSINESS Washington D.C. 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Clinton Southern Maryland Hospital Supervisor Washington Gas Co. USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS NO V 8920 Simpson Lane 20735 Maryland Prince Georges Clinton 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST William E Tayman Edna Thomas THE SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION LYES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) Dorothy S. Tayman (Wife) Same as #13 WWW 1.1 579-16-3808 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH TRANSIT PERMIT PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease AND MENTAL HYGIEN ATION, OR REMOVAL IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MER OF HEALTH AND MER DRIAL, CREMATION, C lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X ARDED TO THE CH GE 3 SHOULD BE UNTE DEPARTMENT OF 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STIP BANKIMORE, MARYLAND, 2 X 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide L Undetermined monner Natural causes Suicide TITLE (SPECIFY) 4/30/1984 Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRES 5009 Rayburn Ct., Temple Hills. Md. Rodri Augusto 23a. BURIAL, CREMATION, REMOVAL THE DATE NAME & CEMETERY OR CREMATORY 23d. LOCATION STATE Trinity Memorial Gardens Waldorf Charles Maryland

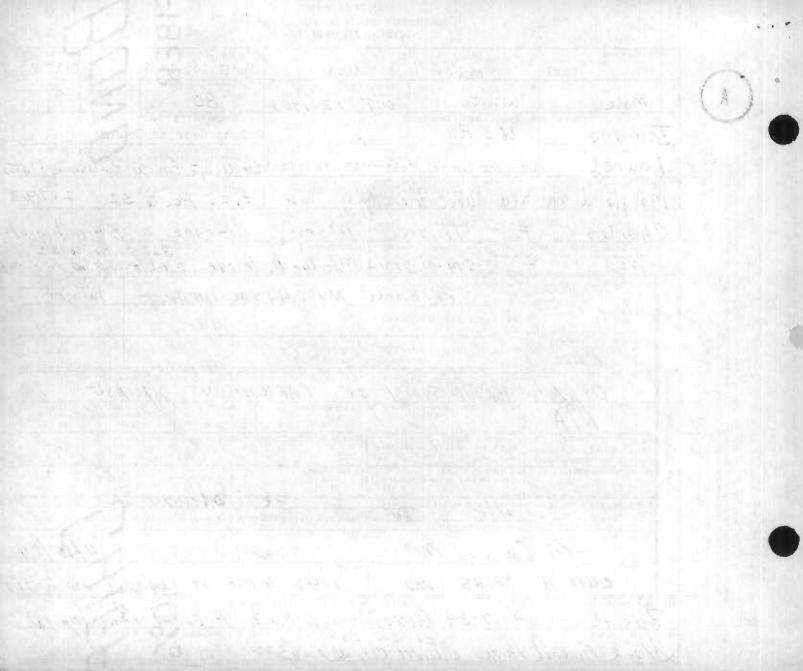
1250. DATE REC'D. BY REGISTRAR 1250. REGISTRAR'S SIGNATURE BP Burial 24 FUNERAL DIRECTOR Lee Funeral Hoem Inc. **DHMH - 17** Julia Davidson-Randall (VR A15 ME (5)) 6633 Old Alexander Ferry Road Clinton, Maryland 20M 4/B2

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	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	1 6 6 5
	CEASED NAME FIRST	N C	TLICAAAC	20. DATE OF DEATH MONTH	16 84 2:20P.
1	JUI		THOMAS	0.4	16 84 2:20PM
	Male	White	5. DATE OF BIRTH MONTH DAY YEAR Aug. 3. 1931	5. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
29	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tennessee	76 CITIZEN OF WHAT COUNTRY USA		9 BALTIMORE CITY OR COUN	NTY OF DEATH
90	CHEVERLY		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Carpenter	GLIFE) 126 KIND OF BUSINESS OR INDUSTRY US GOV't.
	3o. STATE 13b C	SE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO SUITI	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 4702 Huron 2	
160	Clarence.	Thomas	Netti		Carter
medical	WAS DECEASED EVER IN U.S. (YES. MOOR UNKNOWN) (16 YES	ARMED FORCES? 166 SOCIAL SE	URITY NO. 17 INFORMANT Margaret D	ADDRES 005	Breezewood Te
or to burio), cremotian, or removal. rinjury, or other troumotic event, th	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECTION TO CONDITIONS CONTRIBUTING TO	DUENCE OF		
Store prior	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	YES NO.	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{ NO }
Mentol or Item	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTHEY MEDICAL EXAL 21d. IN JURY OCCURRED	FOEATH HOUR A.M. MONTH AINER) P.M. 21e PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	(COUNTY STATE
morked o	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFIC	0/20		, that (l) (we) lost
NT: # Hem 21	27% SIGNATURE	d not i view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR DIVISION O	hour and from the causes stated 274, DATE SIGNED 4/17/24
MPORTA	JON H. YO	om, stimorphol		ger hurig Co	re Cerk
	30 BURIAL, CREMATION, REMO (SPECIFY) Burial	4-20-84	NAME OF CEMETERY OR CREMATORY Cedar Hill Cemet	23d LOCATION CITY OF TOWN Suitland REC D. BY REGISTRAR 25b. REC	COUNTY STATE PG Md
M 4/83	funeral Director NAMRODERT E Funeral	. Wilhelm ADDRESS Home	Suitland, More	23 A A A	SISTEMA S SIGNATURE



death. Page 4 may be

executed within 24 hours after

requires that the death certificate be

The law

HOSPITAL OR ATTENDING PHYSICIAN:

0 BP

retained by the hospital

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

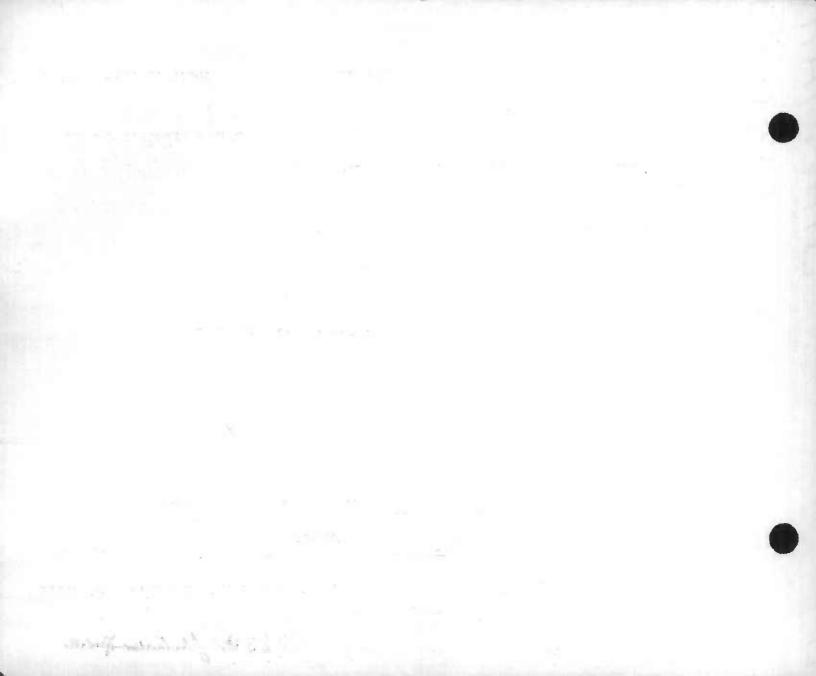
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ECEASED NAME FIRST MIDDLE **COR PRINT]	LAST			20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
HADE	THREA				1984	8.58P.M		
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Henry Threatt		MOTHER'S M		English		LA	ST	
		INFORMANT		ADDR				
[YES, NO DE UNKNOWN] (IF YES, GIVE WAR OR DATES) 579	05 6850	Mam.	ie Th	nreatt-wi	Ee-69	01 Ha	stings	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)	or, and rest					APPRO) BETWEEN	ONSET AND DEATH	
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57/5 DUE TO, OR AS A CONS	EQUENCE OF							
Conditions, if any, which (b)		RHOSIS	WITH	JAUNDICE				
gove rise to immediate cause (a), stating the DUETO, OR AS A CONS	EQUENCE OF							
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	10.	
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19							
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WHILE AT WORK AT WORK	FICE PARM ETC)	3111201						
22a I certify that (1) (this hospital) attended the deceased fissow the deceased alive on above. (1) (we) (did) (did not) view the body after death.	01.		19 <u>84</u> ir) opinian (16 ate and ha		that (I) (we) last	
226. SIGNATURE Devaty Men	try DEG		ENDING .	MEDICAL STA R DIRECTOR □ PHYSIC		22c. DATE	SIGNED	
224 PHYSICIAN'S NAME (TYPE OF PRINT)	220	ADDRESS					-	
REVATHY MURTHY M.D.		6490	LANDO	VER RD. CH	EVER	LY. MD.	20785	
BURIAL, CREMATION REPOVAG TILL DATE	33L-NAME OF CEME	THE RESERVE OF THE PERSON NAMED IN	market and a second	23d. LOCATION	the V had	واللواء	2010)	
Burial (April 21.		-	-	norial Cen	neter	V S11	itland,	
FUNERAL DIRECTOR	1/1/	LACOTI	DOA	PART TOT COL	25h, 200 G.E	TRAR SEIGNA	THE	
Stewart Funeral Home 400	11 Banna	OR DO	7	45.00 gu	- Deur	town-stand	ANG.	

Road N.E.

Benning

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remave carbonpapers—with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, th



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Gasch s Sons F.H. P.A. Hyattsville, Md. 2078

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

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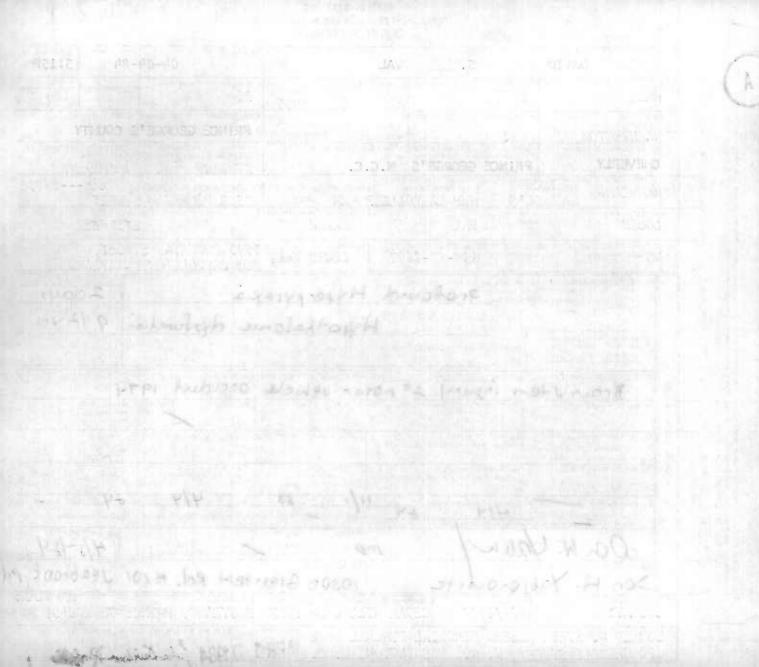
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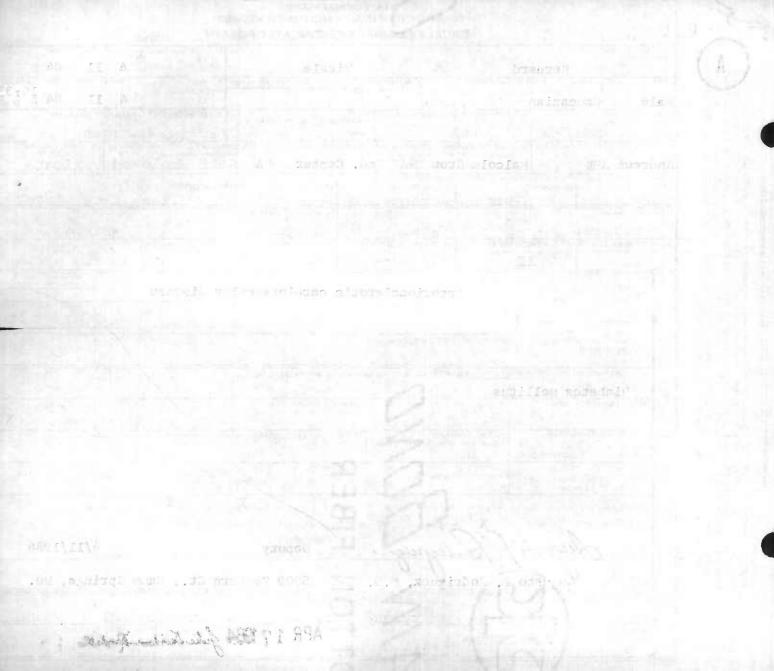
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH OAY 26 HOUR (TYPE OR PRINT) EST1-19 84 0. Vitale DEATH MATED Bernard 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) MONTHS 10,35 PRONOUNCED May 1984 Male 3,1918 65 YRS DEAD Caucasian 20 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washington, USA WIDOWED [DIVORCED Prince Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) Self Employed Malcolm Grow USAF Med. Center Andrews AFB DOA Taxicab USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13m STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES [Forestville NO [] 2901 Walters Lane 20747 Maryland George 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Michael Vitale Margaret Zerega 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) Yes 05-4047 Mary Vitale WWIT Same as 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AL - TRANSIT PERMI MENTAL HYGIENE, Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19 Diabetes mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO FX YES [] OULD BE 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE DOT WHILE GE SHOULD BE FORW FUNERAL DIRECTOR: P. BE DEATH, WITH THE ST X 220 I certify that I took charge of the remains described above, held on Inspection and in my apinian Natural causes Accident death resulted from: Homicide ____ Undetermined manner TITLE (SPECIFY) DATE 4/11/1984 Deputy ADDRES 5009 Rayburn Ct., Camp Springs. Md. Augusto P. Rodriguez, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 4-13-84 Maryland Vet. Cem Cheltenham Md Burial PG24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE NAMERODERT E. Wilhelms **DHMH** - 17 (VR A15 ME (5)) Suitland, Md Euneral Home 20M 4/B2



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME LAST 29. DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) APR 15 1984 EDWARD R WAITES IF UNDER I YEAR 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 MRS Mmarch 22, 1919 M 65 TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED count abama Prince Georges US DIVORCED [WIDOWED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR Andrews Air Force Base Hospi tal Air Force Suitland MARYLAND 21201 Dover 13d. INSIDE CITY LIMITS? 1126 Park Ave. Del Kent YES TO NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Ida Susan Thomas Waites 0. Waites 17 INFORMANT Dover 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1917-1970253-14-7530 Winona Waites 1126 Park Ave. Del. Ies APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH LEnter only one couse per CARD TOP UTMONARY ARREST PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (0 SOUAMOUS CELL(CA OF LUNG PRESTON Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RECORDS, 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED pri IN CERTIFYING CAUSES OF DEATH? NO [DIVISION OF VITAL NO YES [Hygier 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 71d INJURY OCCURRED 21s. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE (a) | certify that (1) (this hospital) attended the deceased from. 10 saw the deceased alive on_ and that in (my) (our) apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body, etter death WE SIGNATURE DEGREE 22r. DATE SIGNED * ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE O 22e ADDRESS should be 0 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 235 DATE CITY OR TOWN Burial 4-18-84 Sharon Hill Del. Dover, Kent 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 (VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTHE A DAY 26 HOUR TYPE OR PRINTI ILLIAM 1. SEX 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS MONTH YEAR 1910 Sept 73 YRS To BIRTHPLACE ESTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALHMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland DIVORCED WIDOWED O CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTER R. GEO. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING HEEL SOUTHERN MARYLAND HOSPITAL CLINTON Maintenance Ad of Education USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 36. COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pr. Maryland Geo. Lothian 297 Waysons Court YES T NO [20711 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lee Walton Orville Stallings Mary 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT NO NO UNKNOWN) LIF YES, GIVE WAR OR DATEST 216-18-5200 Mary E. Walton Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: 2 42 WASTER ALA IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF ASCULON DISEASE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21m ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (thus hospital) attended the deceased fram. saw the deceased alive an 4172-abave, (1) (and (did not) view the body after death. , and that in (my) (aux) apinian death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) Brandywine-Waldorf Medical Ctr. 20613 Brandywine, Md. THOMAS L. FIELDSON, M.D. 23d. LOCATION 23e BURIAL CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Md 4 - 26 - 84Resurrection Cemetery - Clinton PG 24 FUNERAL DIRECTOR E. Wilhelm ADDRESS Suitland, Ad DHMH - 16 50M 4/82 (VRA 15, 4) Funeral Home

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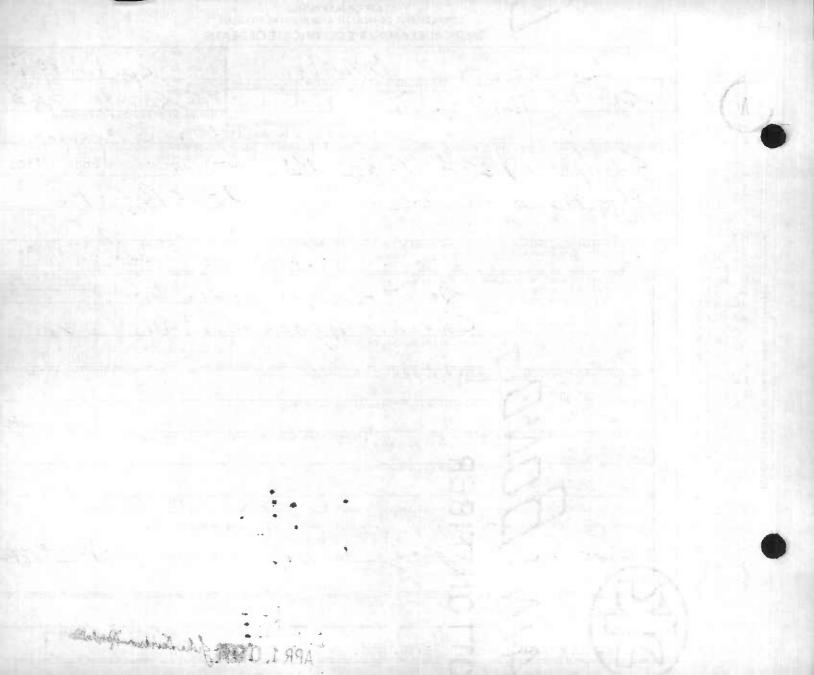
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) MORGAN S. WATSON 4/28/84 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR Male White O. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Géorgia U.S.A. WIDOWED DIVORCED | Prince Georges Type or work for most of working Life; Thousand Engless or 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION D. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Printing Office Riverdale, Md. Leland Memorial Hospital JOUAL RESIDENCE LIENURS NO OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION THENTY 13d. INSIDE CITY LIMITS? 13. 1040 Nassau Circle Ffor da 3-CITY OF TOWN YES T NO [M FATHER'S NAME 15 MOTHER'S MAIDEN NAME Herman MIDDLE MIDDLE Watson Smith Roxie 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Ma WAS DECEASED EVER IN U.S. ARMED FORCES? (YIN NO OR UNKNOWN) 578 30 9473 Dorothy L. Watson Same as #13 (Wife) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (g PART I. DEATH WAS CAUSED BY: MONZ IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOKK YES T NO I 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 210 PLACE OF INJURY III LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING /MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS ld b 4 23s BURIAL CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 5/3/84 Burrint Maryland Veterans Cem hertenham PCOCHIY Marylahd THAREPS Wasch's Sons Funeral Home, P.A. DHMH - 16 50M 4/82 1984 Julia Davidson Hvattsville, Md. 20781 (VRA 15, 4)

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S 11	1 DE	CEASED NAME FIRST	VULLEY	MIDDLE /1/	Mer	20 DATE OF DEATH	(NOWN MONTH	14 19 84 THE			
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1	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WH	MAR WIDO	RRIED NEVER MARK	CED Pu	huz C	CANCED MD			
0	1	de phi	NOT IN SUCH FACE	PITAL, NURSING HOME, OR OT	C RA	Postal Wo	ATION (TYPE OF WORK CING LIFE) Orker	Post Office			
5	130. 5	AL RESIDENCE (IF IN MURSING HOME STATE 136 COU	OR OTHER INSTITUTION, GIV NTY LBCOVS CS	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e PELADDRE	Rigg	R 20783			
0		ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAID	DEN NAME MI	DOLE	EAST			
	160	WAS DECEASED EVER IN U.S. AI YES, NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	578-38-3947	Mr. Josep	oh Curzon	Adelphi,	3 14th Ave. Md. 20783			
-	TION	11	(b) DUE TO, OR (c) (c) SCONIRIBUTING TO DEATH I	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE		vel> l	Dist	Yrs			
1	CERTIFICATION		10	ION FOR WHICH OPERATION				28 AUTOPSY?			
)	MEDICAL CE	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	MONTH DAY YEAR	HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR P	ART 2)			
	MED	WHILE NOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, 211 L ORY, FARM, ETC.)	OCATION STREET	CITY OR TOW	VN CC	OUNTY STATE			
		ACTUAL SIGNATURE 2	ge of the remains dess	cribed obove, held an Auto	Inspection Momicule TITLE (SPECIFY) M.D.	Undetermined mo	DAIS	Amil 4128			
BALTIMORE	730.1	TYPE OR PRINT) BURIAL, CREMATION, REMOVAL	23h DATE	23c NAME OF CEMETERY	ADDRESSOR CREMATORY	23d LOCATION					
	(Remova 1	4/4/84	THE TANKE OF CEMETERS	*	CITY OR TOWN		UNITY STATE			
		Anatomy Bo	pard	Balto., Md.	APR 1	O'COM Juli	Devident				
VI 4/B2						U					



YRS 9. BALTIMONE CUTY OR COUNTY OF DEATH KIND OF BUSINESS OR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) tous apinion death accurred an the date and haur and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOUR

IF UNDER 24 HRS

IF UNDER LYEAR

Days.

FOR

- STATE

REGISTRAR

not prefined USA. Adopic - appli Heros Janing Yoras Htrak - White Targerat Menty - Sibre Spaine 4 111- For Glander Ld 112 190100 June 1 Perfection (130) The the trade of the same of t

F. Gasch's Sons F.H.P.A. Hyattsville, Md APR Q.

- FOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			STATE OF A	MARYLAND	Q	1 1 / 0 /	
_ 1	FOR STATE			AND MENTAL HY		1 0 0 8	
3	REGISTRAR DECEASED NAME FIRST	MEDICAL	EXAMINER 2	CERTIFICATE OF	KE	G. NO.	To thous
	DECEASED NAME FIRST	MIDDLE		LASI	20. DATE KNOW OF ESTI-		26. HOUR
	JUANITA	-	WHITE		DEATH MATE	T-10 " OT	M
3 5	EX 4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF UT		4 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR	26 HO5
	FEMALE BLACK	1-18-34	50 YRS.		DEAD	4-18 1984	PM
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	78. CITIZEN OF WHAT COUN	TRY? 8. MARR	IED X NEVER MARRIE		ITY OR COUNTY OF DEATH	
0	NORTH CAROLINA	U.S.A.	WIDOV	VED DIVORCE			MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF		HER INSTITUTION	12a. USUAL OCCUPATION FOR MOST, OF WORKING LIFE		RY
	HEVERLY	PRINCE GEORGES	S GENERAL H	HOSPITAL	EDUCATOR LIFE	EDUCATI	ON
dillen	UAL RESIDENCE IF IN HURSING HOME	1914 CITY		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	2122'	1
M	ARYLAND PRINC	CE GEORGES BLAD	ENSBURG	YES X NO	5800 ANNAPO	LIS ROAD	
14.	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST	
)	FRED	RUC	KER	WILLIE	MAE	RUCKER	180
160	. WAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17. INFORMANT	ADD	PRESS	72,500
	NO		-42-3080	IZIAH R. W	HITE 5800 AN	APOLIS RD BLAD	ENSBRG
		nly one couse per line for (a), (b)	, and (c).)			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
	PART I DEATH WAS CAUSE	TE CAUSE (a) CRANIO-	CEREBRAL	TRAUMA			
	8120	DUE TO, OR AS A CON					
1	Conditions, if any, which gove rise to immediate				3.5 2.5		
	cause (a) stating the <u>under</u> lying cause last.		ISEQUENCE OF				
	lying caose rasi.	(c)					
١,		CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART	1 (a).		40
A III A	19g DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION W	VAS PERFORMED?		20. AUTOPSY	?
7 3		The Continuon on	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 🗆	
	210 EXTERNAL CAUSE WAS	71b. TIME OF INJURY	[7]r H	OW IN ILIRY OCCURRED	ENTER NATURE OF INJURY IN IT		но 💢
		216. TIME OF INJURY HOUR HAM MONTH					
MEDICAL	CONTRIBUTING CAUSE OF	DEATH 5:35PM 4-	13 19 84 DR	IVER AUTO/AL	JIO IMPACT		
1		STREET, FACTORY, FARM, E	(C.)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK	X STREET	LA	HE O'THE	57TH LANDOV	ER, PR. GEO. MD.	
	220 I certify that I taak char	ge of the remains described abo			X, Inquiry X,	and in my opinion	
	death resulted fram Nati	pral causes Accident	X, Suicide	, Homicide	Undetermined manner		
	ACTUAL ALLEN	to XX	1116-	DEPLOTEN (FY)		DATE 19-84	
2-	SIGNATUR 19943	in tours	X	A.D	MEDICAL EXAMINER	SIGNED 19-04	
4-	EXAMINER'S NAME	2 2000000	0	5000 511	(DUDNI OT O	AND CODINGS NO	0071:0
22	(TYPE OR PRINT AUGUST)		NAME OF CEMETERY O		PRURN CT. C	AMP SPRINGS, MD	20748
23	BURIAL, CREMATION, REMOVAL	V/ 7/0/033	NCOLN MEMO		SUITLAND	PRINCE	Š MD
74	FUNERAL DIRECTOR	4/25/84 LL	TILLIO		20. 1984 STREET, 1812		•
	NAME	ADDRESS		CHANGE TO A STREET	Julia	mulation-Nathring	á
	J.B. JENKINS	7474 LANDOVER	RD LANDOV	ER MDI			

The production of the same

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	0.		
	CEASED NAME	FIR51	MIDE	DLE	·	AST		20 DATE O		MONTH	DAY YEAR	26 HOUR
(TYPE	OR PRINT!	ROY		ALAN		WHITE		1		04-	23-84	2:55AM
1. 5E)	K		4. RACE		5. DATE C	OF BIRTH		6. AGE IIN	YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	
	Male		White		Mar	ch 26,	1954	30		YRS.	MONTHS DAYS	HOURS MIN.
a. 81	RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF WH	IAT COUNTR	MAPPIE	D NEVER	MARRIED	9. BALTIMO	ORE CITY O	R COUNT	Y OF DEATH	
	shington,	D. C.	U. S.	A.	WIDOWE		IVORCED	PRINC	E GEO	RGE'S	COUNT	/ MD.
1	TY OR TOWN OF DE	ATH	11. NAME OF HO					(TYPE OF WOR	OCCUPATI		IFE) INDUSTRY	OF BUSINESS OR
1	HEVERLY		PRINCE G			RAL HO	SPITAL	Mus	iean		Seli	Employe
Ma	AL RESIDENCE (IF NUR STATE LTYLAND	IN COUN	other institution, giv ity 13 ce George	COTY OR TO	FORE ADMISSION) DWN lashing	13d. INSIDE	CITY LIMITS?	13. STREET	ADDRESS .	ZIP COD	[€] 20741	4
I FA	THER'S NAME	-					'S MAIDEN NA	ME				
	Lloyd	,	MIDDIE	Whi	te		Golda		WIDDLE		Geri	n an
	VAS DECEASED EVER			SOCIAL SE	CURITY NO.	17. INFORM	ANT		ADDRE	SS		
1	NO OR UNKNOWN)	I IF YES, GIVI	E WAR OR DATES) 2	20-66-	8557	Lloy	d A Whi	te 408	Dias	Dr F	. Wash	nington M
CERTIFICATION	Conditions, if any gave rise to im cause [a], stati underlying caus PART 2 OTHER SIG	mediate ng the e last NIFICANT C		TRIBUTING T				AINAL DISEAS		20h IF YE	S, WERE FIND	
TIE								YES 50	NO		ES 🗌	NO 🗌
MEDICAL CER	71a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEA	HOUR A.M. P.M.	MONTH	DAY YEAR		njury occur	RED (ENTERN	iature of inju	RY IN ITEM 18	PARI 1 OR PARI 2)	
MED	ALWORK ATWO	THILE D	21e. PLACE OF (AT HOME, STREET,	FACTORY OFFI		211 LOCAT			CITY OR TO)WN	COUNTY	STATE
	220.1 certify that the saw the decemple of the same the decemple. The same that the sa		tal) attended the d		, 0,	nd that in (m)	() (aur) apinion				ur and from th	1
	THE PHYSICIAN'S N	AME (TYPE O	R PRINT)	_	JV.	22e ADDR	ATTENDING PHYSICIAN [SS	MEDICAL DIRECTOR	STA PHYSK		19	124/84
	Pau	100	orez m			Pren	if bear	ge Ger	1 Hoy	1. CA	verly	, not
	BURIAL, CREMATION	, REMOVAL	23b. DATE		3t. NAME OF C			23d. LOC	YORTOWN		COUNTY	STATE
I	burial		4/26/84		edar H			S	uitla	nd Pr	,George	Marylan
24. FL	UNERAL DIRECTOR		/		Uxor	HILL	Md 250. DAT	TE REC'D. BY	REGISTRAR	25h REGIS	TRAR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

George P Kalas Funeral Home 6160 Oxon Hill Rd

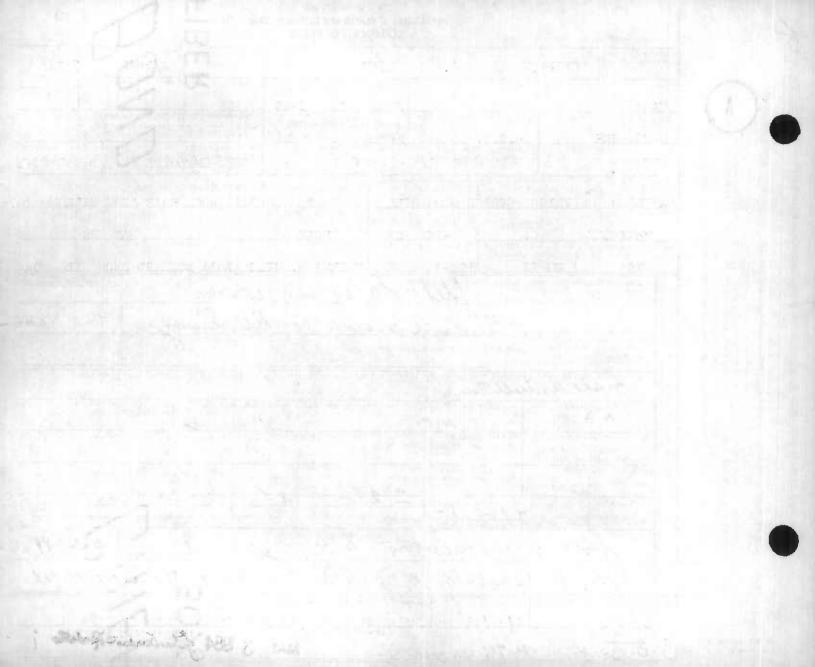
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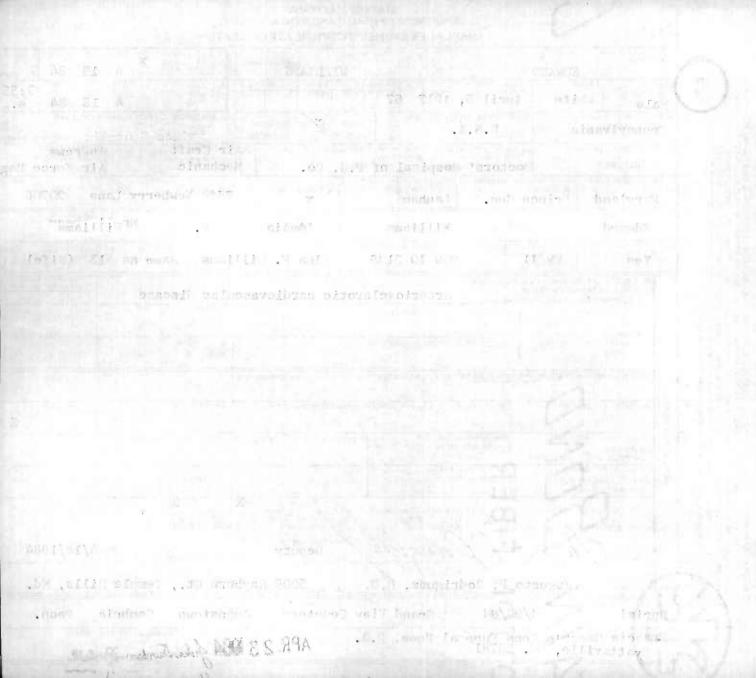
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN 1. DECEASED NAME MIDDLE 2b. HOUR (TYPE OR PRINT) DEATH MATED E. Williams Carmel DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD male white 7-15-15 68 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. U.S.A. Prince Georges WIDOWED T DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) S. Governen Retired Cook Lanham Doctors Hospital of P.G. Co. USUAL RESIDENCE, HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS Apt 606 Prince Geo. Bladensburg 13d. INSIDE CITY LIMITS? 5999 Emerson Street Maryland 20710 YES X NO [FORM PM SIGNES I AND 2 SIGN OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Maurice Williams Grace Hackenbury 0. 17. INFORMANT ADT 101 ADDR8577 Greenbelt Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Mildred M. Williams Freenbelt, Md. 2077 577 07 5087 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In USED AS A EOF HEALTH Multipleabrasions, ethylism, chronic obstructive pulmonary disease 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 20. AUTOPSY? ARDED TO THE CHIEF ARDED TO THE CHIEF AGE 3 SHOULD BE USE ATE DEPARTMENT OF 1 YES NO P 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, I PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIP BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an and in my opinion Accident Natural causes Homicide Undetermined manner TITLE (SPECIFY) 4-25-84 Deputy EXAMINER'S NAME Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md. 236 BURIAL, CREMATION, REMOVAL 236 DATE 4/27 234 NAME OF CEMETERY OR CREMATORY
Cedar Hill Cemetery 23d. LOCATION P. GOUNTY Suitland Maryland Funcis Gasch's ons Runeral Home, P.A. **DHMH - 17** Hyattsville, Maryland 20781 (VR A15 ME (5)) 20M 4/82

econolis applies powinged Carl Mont Day No. semilanoficial a post english foruffers The Englanding Three Section 1 wintfills it objust tree the statement most fee . . See the . . That to tree the publish of the control of the publish 2002 Accusto it, floorfines, a.d. bundyner to the hearths grantoned Lithershot batter The state of the same of the s

X	FOR 1 - STATE			DEPARTMENT OF		AND MENTAL	4	***	1	5 8	3 8	
10	REGISTRAR DECEASED NA (TYPE OR PRINT)	ME FIRST		MIDDLE	LA	st	2a. DA	F ESTI-	MONTH		YEAR	2b. HOUR
STREET, N. PLEASE	SEX Male	EDWAR 4 RACE White	S DATE OF BIRTH MONTH DAY April 5	YEAR LAST BIRTH	YEARS I IF UND		R 24 HRS. 2c. D	ATE OUNCED EAD	MONTH 4	DAY	1984 YEAR	7:55 a.m
A SECURIAL LINESPAL DE LA SECURIA DE LA SECU		(STATE OR Vania	76 CITIZEN OF W	HAT COUNTRY?	To.	NEVER MARI	RIED 🔲	rince	_	TY OF D		MD.
ELAY IS TO THE PLACE IS BACKE	D. CITY OR TOW Lanh	am	Doctors of	SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS Hospital	of P.G.		12a Alfunt Of For Most of Mecha	ERPÉTION (TO WORKING LIFE) NIC	PE OF WORK	Ang	Forc	e Bas
AND 3	130 STATE Maryla	and Prin		136. CITY OR TOWN Lanham	1	3d. Inside (ITY LIMITS? Yes 📉 NO 🗌	13e. S17549	Newber	ry La	ne	207	06
DEATH DEATH	14. FATHER'S NA Edwa 1	ď	MIDDLE	Williams		Amelia	PEN NAME			lhar	ser	
BALTIMOR S AFTER DE GIVE PAGE TITH FORM WISION OF	YES NO. OR UNI	SED EVER IN U.S. A	RMED FORCES?	209 10 31:		Alma F.	Williams	Same	as #	¥13	(Wif	e)
L RECORDS, 201 W. PRESTOR ULD BE EXECUTED WITHIN AS "FENDING" IN PENCIL INTER FF MEDICAL EXAMINER ALONE ED ASA BURNAL TRANSITER HEATH AND MENTAL HYDING AL, CREMATION, OR REMOVA	gove couse lying	tions, if any, which rise to immediate (a) stating the <u>under</u> couse last.	(b)	Arteriose AS A CONSEQUENCE AS A CONSEQUENCE BUT HOT RELATED TO THE TE	E OF							e)
I OF VITAL RECORDS, CATE SHOULD BE EXECHE WORD "PENDING". THE CHIEF MEDICAL UD BE USED AS A BUS MANT OF HEALTH AN I TO BORIAL, CREMATIN	TIFIC	OF OPERATION	19h CONDI	TION FOR WHICH OP		S PERFORMED?	DEP SENTED MATHER	DE INLINEDY BALLYERA 1	0.0407 1.000	,	NUTOPSY?	NO X
CERTIFIC STING TH SITING T	UNDERLYI CONTRIBU	NG OR UTING CAUSE OF Y OCCURRED	DEATH P.M	MONTH DAY YE		ATION		RTOWN		DUNTY	Įs,	STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WIF PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATI BALTIMORE, MARYLAND, 2121	22a I ce	ertify that I took char ulted from: Not RE HUGH	urol causes A.	Accident	Suicide .	Homicide , TITLE (SPECIFY) Deputy	Undetermined	d monner	SIGN	4/1	18/19 ls, M	
BA T P A T		MATION, REMOVAL		23c NAME OF C	EMETERY OR		Johnst	N	ambr		Penh	
DHMH - 17 (VR A15 ME (5))	24Francis Hyat	Gasch's tsville,	Sons Fune 1d. 2078I	ral Home,	P.A.	APR, 2	3 1984	helia Davi	SISTRAR'S	SIGNATI	URE	



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

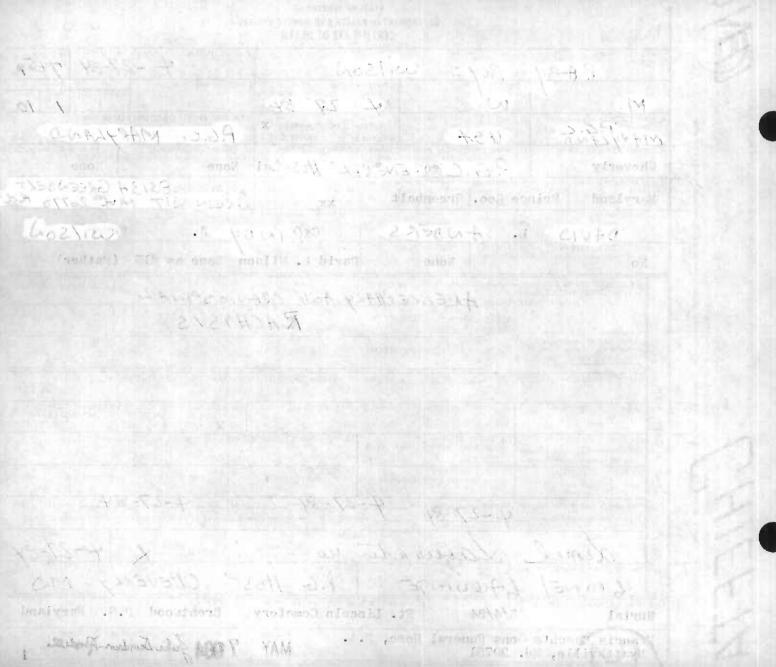
	1 -	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	0.		9	
10		CEASED NAME	FIRST	M	IDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HO	UR
	Title		BABY	BC	Y	WILS	SON			4 -	21-84	74	45 PM
	3. SE)			RACE		S. DATE C		V6.4.0	AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS		R 24 HRS
	1	MALE		WHITE		Apri		84		YRS		1	10
5		RTHPLACE - STATE OR	FOREIGN 7	b. CITIZEN OF V	HAT COUNT	RY? B.	D NEVER MARI	RIED S	BAITIMORE CITY	OR COUN	TY OF DEATH	11 11 11	
2	10	Maryland		U.S.A		WIDOW		1	Prince	Georg	es 🥝		MD.
7	1000	heverly	ATH I	A CIEMOT IN SUCH	FACILITY GIVE ST	PEET ADDRESS)	neral Hos		120 USUAL OCCUPATION OF WORK FOR MOST None		12b. KIND INDUSTRY Non	(ESS OR
5	13a. S	AL RESIDENCE (IF NURS	IN COUNT	THER INSTITUTION C		FORE ADMISSION	13d. INSIDE CITY I		8513 A Gr	eenbe	lt Road	Apt	T-2.
1	14. FA	THER'S NAME		IDDLE	LASI		15. MOTHER'S MA	AIDEN NAM	E		2	AST .	10
0		David	_	L.	Wilson	23	Cyn	thia	14 J.	329	Pryor	183	4
1	16a V	VAS DECEASED EVER VES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	None None	ECURITY NO.	David L.	Wilso	n Same a		(Fath	er)	
		18 CAUSE OF DEAT	H (Enter only	ane couse per l	ine far (a), (b),	ond (c1.)					APPRO	XIMATE INT	ERVAL ID DEATH
	100	PART I. DEATH W		BY:	NEN	CE PHA.	LY AND	CRA	NIDSPIN	AL			
		7400			AS A CONSE	QUENCE OF	7	211	NIDSPIN HISIS				
		Canditions, if any		(b)				TAL	41212		1 1 1		
		gove rise to immocause (a), statin	ig the	DUE TO, OR	AS A CONSE	QUENCE OF							
		underlying couse	last.	(c)									
	z	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING '	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	ADITION C	SIVEN IN PART	la	
	FICATION	19g DATE OF OPERA	TION	10h CONDIT	ION FOR WH	CH OPERATIO	N WAS PERFORME	D	20g AUTOPSY?	120k IE V	'ES, WERE FIND	UNIOS LIE	50
	FIC	DATE OF OPERA	11014	ING. CONDIT	ION TOR WIT	CHOPERATIO	WAS FERE ORMI		YES TO NOT	IN CER	TIFYING CAUSE		ATH?
	CERTI	21g. ACCIDENT WAS UNI	DERLYING [21b. TIME OF	INJURY		21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INI				
1		OR CONTRIBUTING		HOUR A.A	MONTH								
	MEDICAL	21d. INJURY OCCUR		P.A 21e PLACE C		19	211. LOCATION						
	W.	WHILE NOT WE	HILE	(AT HOME, STRE	ET, FACTORY, OFFI	CE, FARM, ETC)	STREET		CITY OR T	OWN	COUNTY	317	STATE
	1	22a.1 certify that (1)		ol) ottended the	deceosed fro	m_4.	-27-84	9	_, to	-6%	84_	, that (I)	(we) lost
		saw the deceas abave, (I) (we) (ed alive an _ did) (did not)	view the body o	ifter death.) apinion de	eath occurred on the	late and h			
		22b. SIGNATUR	1	/		1	DEGREE	NDING	MEDICAL ST	EE 4	22c. DAT	ESIGNED	,
1		den	ul	· Ol	Egu	nho	MD PHY	SICIAN	DIRECTOR PHYS	CIAN	4	61-	84
		LION	JE/		UINT	5	226 ADDRESS	Ho:	sP. Ch	EVE	RLY	M	S
0		BURIAL, CREMATION,	REMOVAL	23h PATE 5/4/84	2	3c NAME OF C	emetery or crea		23d LOCATION Brentw	ood	P.GUNTY M	aryl	and

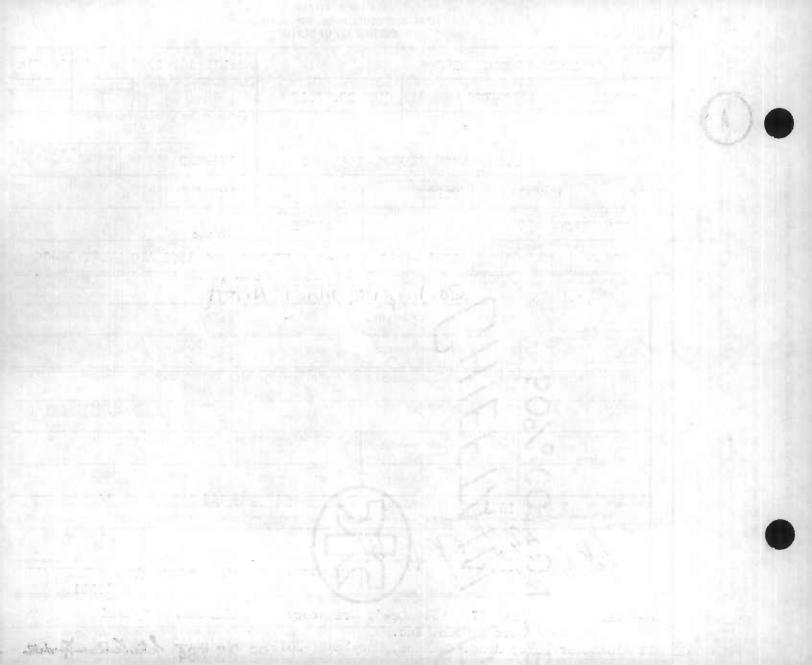
DHMH - 16 50M 4/B2 (VRA 15, 4)

should be detached for with the State Dept of

Prancis Gasch's Sons Funeral Home, P.A. Hyattsville, Md. 20781

MAY 7 1984 Julia Davidson-Rinds





STATE OF MARYLAND	41	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH		REG

1-	FOR STATE REGISTRAR					ICATE OF D			G. NO.	, ,		
	CEASED NAME	FIRST		WIDDLE	ı	AST		2a. DATE OF DEA	TH M	ONTH	DAY YEAR	2b. HOUR
LITPE	OR PRINT)	Ruth	1	de .	Wi	lson		April	. 29	, 198	34	2:00 Am
3. SE	x		4. RACE	5	DATE O		YEAR	6. AGE (IN YEARS L	AST BIRTH	DAY)	MONTHS DAYS	IF UNDER 24 HRS
]	Female		Caucasia	an Ai	ugus		910	73		YRS.	morting bars	TIOURS MIN.
	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	MARDIE	D NEVER M	ARRIED 🗆	9 BALTIMORE C	ITY OR	COUNTY	OF DEATH	
	Illinois		U.S.A.		WIDOWE		ORCED [Prince	Geo	rge	B.	MD.
	restvill			HOSPITAL, NURSING			nter	120 USUAL OCCU	JPATIO	N	12b. KIND (
130 S	aryland	13b. COU Prin	NTY	GIVE RESIDENCE BEFORE AD 134. CITY OR TOWN C. Ft. Wash			NO []	13e.STREET ADDR	ESS /		E	20744
14. E/	ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S	MAIDEN NA	ME MID	DLE	21.79	LA	AST
	Arthur		R.	Keck			deline				Kirker	
	WAS DECEASED EV		RMED FORCES?	166. SOCIAL SECURI	TY NO.	17. INFORMA	NT	1220	DORES	illa	rd Plac	e
`	No			328-36-45	31A	Dale 0	. Wilso	on Ft.	Was	hing	ton, Md	
	18 CAUSE OF DE PART I. DEATH	WAS CAUS	nly one couse pe ED BY: (TE CAUSE (a)	line for 10), (b) and (erle	is clero	tic He	ent Do.	llos	/	BETWEEN 3	XMATE INTERVAL NONSET AND DEATH
	Conditions, if a gove rise to couse (a), strunderlying co	immediate	(b)_	R AS A CONSEQUEN	ev	undizi	2 ai	terioscle	1.00	0		
			((c)						-			
z	PART 2 OTHER S	IGNIFICANT	CONDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	COND	ITION GIV	VEN IN PART 1	10
CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFOR	RMED	200 AUTOPSY		IN CERTI	S, WERE FIND FYING CAUSE ES []	
	210. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DE	AIR	DE INJURY M. MONTH DAY M.	YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE C	OF INJURY	IN ITEM 18 I	PART I OR PART 2)	
MEDICAL	21d INJURY OCC	URRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARA		211 LOCATIO STREET	N	cin	OR TOW	7	COUNTY	STATE
			/ .	ne deceased from	7 3	tes.	. 19 <u>8/</u>	death occurred on	el e	29	19.59	, that (I) (we) lost
			ot) view the body			DEGREE		/		3110 1100		E SIGNED
	220. SIGINATURE	2	Santo	& Jorus	/	10 0 A	TTENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF			29/8L
	J. Sa		Young, I	1.5.		1170	Livin	ngston Rd Fort Was	l. hin	gton	Md. 2	20714

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached with the State Dept. MPORTANT H He

TO HOSPITAL

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 5/2/84 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

FUNERAL DIRECTOR
NAME
George P. Kalas Funeral Home Oxon Hill, Md.

Grant Burial

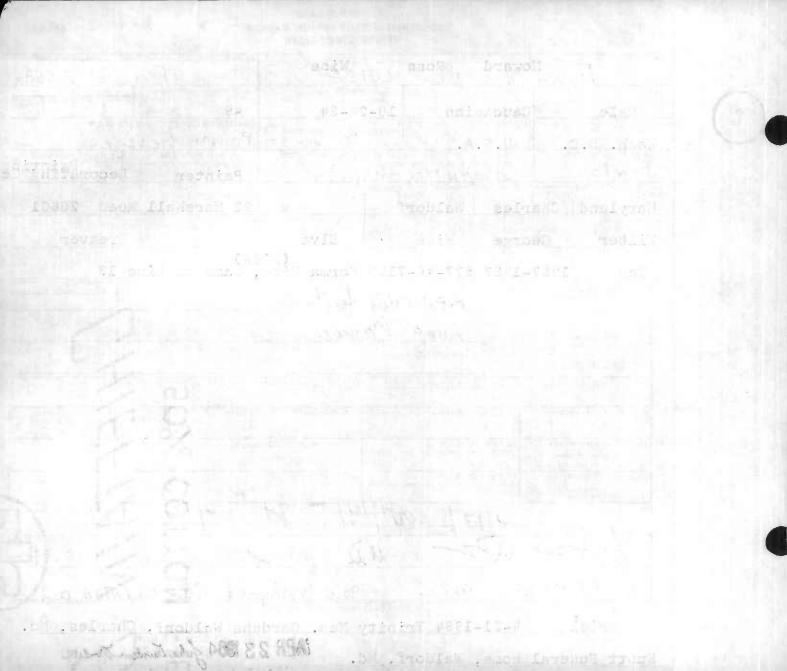
Riverside Cemetery Montgomery

Mo

23b. DATE

and the Court Court of the Advanced Court of the Court of . a. B.B. P. hari to border facous names To PERSON Short street at the kind of the street and the street Pinifigal midden the transfer to design and yes that emission remains at the CET-TE-EER at the man because the large A-3-BA Requested Len. Linton, c.L. Marverno nunct Funeral Mane, and north threat France

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 7b. HOUR oward Ross Wise TYPE OR PRINTE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS Male Caucasian 10-24-34 Te. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED COUNTRY Wash. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 76. KIND OF BUSINESS OR Decorating Co TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS -INTON Painter USUAL RESIDENCE IF NURS TO HOS OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 113. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 22 Marshall Road 20601 Charles Waldorf Marvland NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Wilber Wise Elva Greaver George 160/WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (Wife) (IF YES, GIVE WAR OR DATES) 1957-1959 Norma Wise, Same as Line 13 Yes 577-46-7199 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for ial, (b), and ic PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21a. ACCIDENT WAS UNDERLYING T 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION 50 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (we (and)) (did not) view the body ofter and that in (my) (our) opinion death occurred on the dale and hour and from the causes stated 22b. SIGN ATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR DIPHYSICIAN D should be deto with the State [MPORTANI 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS MI 23a BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY Trinity Mem. Gardens Waldorf, Buria Charles. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Suria Davidson (VRA 15, 4) Huntt Funeral Home, Waldorf, Md.



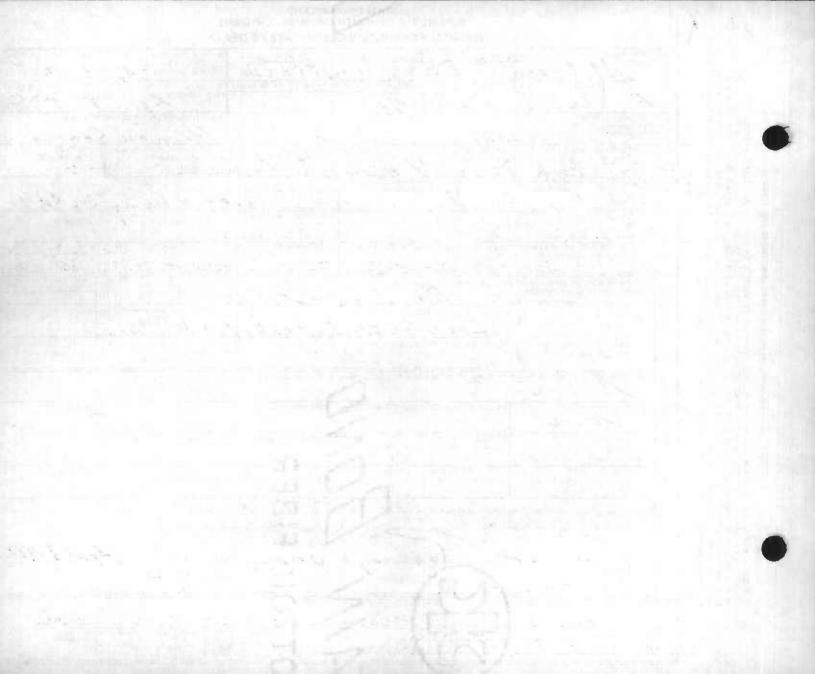
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ar and another		77-30-5110 Jr. Charles &	CES		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN Mildred Workinger Emma TYPE OR PRINT Enn OF ESTI-FOR YOUR FILE THIN 72 HOUT 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Colorado U.S.A. WIDOWED D DIVORCED IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK Secretarial Banking CHINTY 13 CITY OR TOWN . 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Silver Spring Montgomery 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST James R. Maples Velma Erickson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 8809 Jolly Drive DIVISION (IF YES, GIVE WAR OR DATES) N/A 525-62-8652 William C. Workinger, Jr. Ft. Washington, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVALD PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL, MMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MENAL. CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION WRITE WARDED TO IT. PAGE 3 SHOULD BE USEL. STATE DEPARTMENT OF HEA 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH PAA 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET CITY OR TOWN COUNTY STATE 21201 WHILE AT WORK PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 Inspection 22a I certify that I taak charge of the remains described above, held on Autopsy and in my apinian death resulted from Natural causes Accident Hamicide L Undetermined monner TITLE (SPECIFY) 1919 Seminary Road R PRINT) John Rogers, M.D. Silver Spring, Maryland ADDRESS. 23c. NAME OF CEMETERY OR CREMATORY April 12, 1984 Arlington National Cemetery Arlington, Virginia 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VR A15 ME (5) 6633 Old Alexander Ferry Road, Clinton, Maryland

20M 4/82



dickt 8	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 REG. NO.	1697
Meripe	(TYPE OR PRINT)	esi Middle L.	Wraase		1984 3:35
Helistag	3. SEX Female	4 RACE White	5. DATE OF BIRTH MONTH DAY VEAR 11	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HR.
of the south to	West Va.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED □	9. BALTIMORE CITY OR COUNTY Pr. G	
73	10 CITY OR TOWN OF DEATH Riverdale, Md	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Leland Memodri;		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Ret. Manager	
(A)86	JSUAL RESIDENCE (IF NURSING 136 STATE 138	HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE Pr. Geo. Bren		13. STREET ADDRESS 3409 - Webst	(20722) er Street
opposite ACC	FATHER'S NAME FIRST Marion	L. Wolf	e Ella	MIDDLE G	Eskew
Popul C	(YES, NO OR UNKNOWN)	CONTRACTOR OF THE SALES			21-Mathews dbridge, Va
n. nos been signed by the of permit. Then please remove ne prior to buriol, cremotic was any mjury, or other trou	4 190 DATE OF OPERATIO	OST. OST.	UENCE OF Megative DEATH BUT NOT RELATED TO THE TERM	200 AUTORSY? 206. IF YE	SIPSandio Accidou S, WERE FINDINGS USED FYING CAUSES OF DEATH?
SICIAN: The ng physicio certificate by arriol-tronsit term 18 sho	Mention of contributions of contribution	PING TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	YES NO YE	S NO PART 2)
OSPITAL OR ATTENDING PRINGED by the hospital or other the fUNERAL DIRECTOR. After the side befored for use as the title State Dept. of Health and ORTANT: If them 21 is marked to	22e.1 certify that (1) (the sow the deceased obove, (1) (we) (did) 27b. SIGNATURE	(AT HOME, STREET, FACTORY, OFFICes to hospital) attended the deceased from Africa 11 th 19 (did not) view the body after death	STREET STREET 19 19 19 19 19 19 19 19 19 1	death occurred an the date and hou	120 DATE SIGNED
BP	230 BURIAL, CREMATION, RE/		NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.	23d. LOCATION	COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR	.H.Inc. Mt. Ra	A PESO RA	Brentwood	ALL NATIORE

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A A A Edello 2 de la la mano de la constanta 5009 higher it., orplo tills, al.

(TY	REGISTRAR CEASED NAME PE OR PRINT)	FIRST	WIDDLE		LAST	20. DATE KNOWN OF ESTI-		AR 2b. HOL
	LEV			YOUNG		DEATH MATED	7.12	
3 SE	ALE BLA	CK S. DATE OF	31-33	6. AGE (IN YEARS IF UI		24 HRS. 21 DATE PRONOUNCED DEAD	4-12 19 8	AR 24 HOY 36
7a B	IRTHPLACE (STATE OR DREIGN COUNTRY) ashington, [7b. CITIZEN	OF WHAT COUNT	MARR	IED NEVER MARRIE		Y OR COUNTY OF DEATH	1
TD C	ITY OR TOWN OF DEAT	H II. NAME	OF HOSPITAL, NUR	SING HOME, OR OTI		12a. USUAL OCCUPATION	(TYPE OF WORK 12b. KIND OF	
	ON HILL	8164	MURRAY	HILL DRIV	E	for MOST OF WORKING LIFE) Supervisor	D.C.	
13a S	AL RESIDENCE (IF IN NURSITATE	36 COUNTY	13c. CITY	DEFORE ADMISSION) OR TOWN 1 Hill	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 8164 Murray	Hill Drive	145
	ATHER'S NAME FIRST	WIDDLE	į.	AST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST	
	ames Young				Thel		Plater	
16a. (No	(IF YES, GIVE WAR OR DATES	579-	-406035		rley A. Young		s 13e
	IN CAUSE OF DEATH	(Enter only one couse S CAUSED BY: JAMEDIATE CAUSE (c	per line for (a), (b),	and (c).) Hemor	tvsis		APPROXIV BETWEEN O	MATE INTERVAL
	PARTIDEATHWA	IMMEDIATE CAUSE (o	HEMOTYSI:	WITH ASP	IRATION			
	1629		TO, OR AS A CON	SEQUENCE OF	NIOMA			
17	Conditions, if an	mmediate / (b)		NOMA			
	lying couse last.	the <u>under</u> . DUE	TO, OR AS A CON	SEOUENCE OF				
	PART 2 DINER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT PELAT	ED TO THE TERMINAL DICEA	SE DR CONDITION GIVEN IN PAR	T 1		
Z	TAKE 2 DINER SIGNIFICANT	COMDITIONS CONTRIBUTION	IO DEATH BUT HOT RELAT	ED TO THE TERMINAL DISEA	SE DE CUMUITIUM GIVEN IN PAR	11 1 101.		
ATIC	19a DATE OF OPERAT	ION 19b	CONDITION FOR V	VHICH OPERATION V	VAS PERFORMED?		20 AUTO	PSY?
							YES [□ NO X
· H								
AL CERTIFIC	210. EXTERNAL CAUS UNDERLYING CONTRIBUTING C	D HC	TIME OF INJURY UR A.M. MONTH P.M.		OW INJURY OCCURRED	NATI NI YNULNI PO BRUTAN REINEJ		
EDICAL CERTIFIC	UNDERLYING CONTRIBUTING C	AUSE OF DEATH	P.M. PLACE OF INJURY	DAY YEAR 19 (AT HOME, 711, LC	DCATION	`	w 18 PART 1 OR PART 2)	CT.T.
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING C	AUSE OF DEATH ED 71e VHILE 51	UR A.M. MONTH P.M.	DAY YEAR 19 (AT HOME, 711, LC		ASTI MI YRUUMI PO SRUTAM RSTMS). C		STAT
MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING CONTRIBUTING COURT 216 INJURY OCCURR WHILE NOT WAT WORK AT WORK	AUSE OF DEATH ED 71e VHILE 51	UR A.M. MONTH P.M. PLACE OF INJURY REET, FACTORY, FARM, ET	19 (AT HOME, 711. LC	DCATION STREET	CITY OR TOWN	w 18 PART 1 OR PART 2)	STAT
MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING CONTRIBUTING COURT 216 INJURY OCCURR WHILE NOT WAT WORK AT WORK	AUSE OF DEATH ED VHILE DRK Took charge of the rem	UR A.M. MONTH P.M. PLACE OF INJURY REET, FACTORY, FARM, ET	19 (AT HOME, 711. LC	OCATION STREET	CITY OR TOWN	w 18 PART I OR PART 2) COUNTY	STAT
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MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRE WHILE NOT VAT WORK AT WORK ZZa 1 certify that I	AUSE OF DEATH ED 71e NHILE 51 ORK 1000 the rem	UR A.M. MONTH P.M. PLACE OF INJURY REET, FACTORY, FARM, ET	DAY YEAR 19 (ATHOME, 711, LC	DICATION STREET DISTRICT	CITY OR TOWN	w 18 PART I OR PART 2) COUNTY	stati -84
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230 (UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COLUMN AT WORK AT WORK AT WORK AT WORK AT WORK COLUMN AT WORK A	AUSE OF DEATH ED VHILE Took charge of the rem Natural causes GUSTO P.	UR A.M. MONTH P.M. PLACE OF INJURY REET, FACTORY, FARM, ET ains described above Accident	DAY YEAR 19 (AT HOME. 211. LC.) //e, held on Auto	DOCATION STREET DISTRICT DISTRICT THE (SPECIFY) A.D. EPUTY ADDRESS 5009	CITY OR TOWN Inquiry Undetermined manner	county and in my apinian DATE SIGNED 4-12-	-84
230.	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COURT. 71d INJURY OCCURR. WHILE NOT WAT WOOD AT WOOD AT WOOR AT WOOD	AUSE OF DEATH ED VHILE Took charge of the rem Natural causes GUSTO P.	UR A.M. MONTH P.M. PLACE OF INJURY REET, FACTORY, FARM, ET ains described obov Accident ROOR JOUE	DAY YEAR 19 (AT HOME. 211. LC /e, held on Auto , Suicide Z, M.D.	DOCATION STREET DOSY	CITY OR TOWN Inquiry X Undetermined manner MEDICAL EXAMINER RAYBURN CT. (23d. LOCATION CHY OR TOWN Washingto	county and in my apinion DATE 4-12- SIGNED 4-12- CAMP SPRINGS	-84 ,MD 20 20748
23a. §	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COLUMN AT WORK AT WORK AT WORK AT WORK AT WORK COLUMN AT WORK A	AUSE OF DEATH WHILE	UR A.M. MONTH P.M. PLACE OF INJURY REET, FACTORY, FARM, ET ains described abov Ascident ROOR JOUE	DAY YEAR 19 (AT HOME. 711. LC /e, held on Autor , Suicide Z Mt. Olive	DOCATION STREET DOSY	CITY OR TOWN Inquiry X Undetermined manner MEDICAL EXAMINER RAYBURN CT. (23d. LOCATION CITY OR TOWN Washington ECC. By REGISTRAR MAR	county and in my apinion DATE 4-12- SIGNED 4-12- CAMP SPRINGS	-84 ,MD 20 20748

PROPERTY OF STREET The second of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Russell Ross Yowell 10 84 DEATH MATED 4. RACE DATE OF BIRTH & AGE LINYEARS JE LINDER 1 YR IF UNDER 24 HRS DAY DATE PRONOUNCED 19 84 DEAD Nov. 9 1931 52 YRS TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Prince Georges WIDOWED [DIVORCED THE STANDOCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Equiptment Operator Construction Hyattsville 42nd Place USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 20781 Prince Georges Hyattsville 5225 - 42nd Place Maryland YES A NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME N IVE PAGES 1, 2 H FORM PM 3 AGES 1 AND 2 T.CO LAST Breeden Maggie James Yowell 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 5225 Place DIVISION (YES NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST 230 38 7361 Esther E. Mead Navv Hyattsville, Md. 20781 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute & chronic alcoholism DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which ED AS A BURIAL - TRAN HEALTH AND MENTAL AL, CREMATION, OR RE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 210.EX None 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X SHOULD BE 21g. EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Natural causes X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) 4/25/84 Deputy SIGNATI 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery, Md. (TYPE OR PRINT) ADDRESS. 230 BURIAL CREMATION, REMOVAL 236 DATE 4/27/84 73c NAME OF CEMETERY OR CREMATORY
Ft. Lincoln Crematory Brentwood P.G. COUNTMaryland BP Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland 20781 250. DATE REC'D. BY REGISTRAR THE REGISTRAL **DHMH** - 17 (VR A15 ME (5)) 20M 4/B2

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